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LOPATHIC COUNTER





California Medical Association Fund



THE

Homeopathic Couries





BAHNEWANN.

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CONTENTS.

SALUTATORY	Obstetries
Theory and Practice.	Gynacological Hobbles and Absurdities 36
Rational Medicine-What is it?	Interesting Obstetrical Cases
A Condensed Materia Medica 1	Surgery.
Cases from Practice 1	Syphills 42
Electrology and Neurology	Synhilitie Irlis.
A New Rectal Applicator 2	2 Is Cancer Inoculable?
The Abuse of Electricity 2	2)
Management of Displacements of the Ut-	"Hering Medical Society
erus in Nervous Women-, 2	Grant Structures
A Case of Cerebral Traumatism 3	Book Reviews 54
	Managing Editor's Easy Chair 58
Clinical Illustration of Cerebral Localiza-	

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The Homoeopathic Courier.

VOL. I.

JANUARY, 1881.

No. 1.

SALUTATORY.

With the new year we launch into the domain of Medical journalism—the Homœopathic Courier—a journal wedded to no dogma, but to be devoted exclusively to Medicine and its allied Sciences, from a Homœopathic standpoint.

Homomopathy in the Southwest has never had a representative Journal, and it is intended that the Courier, while avoiding everything in the way of a sectional character in the profession, shall demonstrate that this great field is as prolific of practical workers, scientific thinkers and writers as any other part of the common country.

A Medical Journal intended for the masses of the profession should furnish that kind of information which will prove most useful to them in their every day work. It shall be the aim of the Cou-RIER to go out each month laden with such materials as the demands of the profession may from time to time require.

While PROGRESS shall ever be the motto of this journal, it may be as well to state that it is not called into existence to champion any especial reforms in medicine, or the collateral sciences, but will rather adhere to a conservative policy by giving more attention to the development and extension of established facts and information. Especially is it to be desired that a more perfect knowledge of Hahnemann's Organon, and our already over-plethoric Materia Medica, should be established. The maxim, "Prove all things, hold fast that which is good," shall always be kept in view.

Original articles from able writers in the several departments, will appear each month, and these will be supplemented by extracts from the best current medical literature of the day, both home and foreign journals being made to contribute.

It is thought that the plan of having the journal arranged into departments will prove especially valuable to readers, as this plan will make it much easier to find and study what is wanted.

The editors in charge of these departments, making them their especial study, will be able to garner rich harvests from their respective fields of research, and this will be carried forth by the Courier in monthly installments, so that by the

end of the year our patrons will be possessed of all that is worth knowing in the whole realm of current medical literature.

New books appearing will be reviewed by competent authorities. Society proceedings will receive due attention. Pertinent questions will be answered publicly in the journal. Personal and other items of professional interest, will be published in each issue, and finally friendly controversy shall be courted rather than shunned.

In conclusion, let us say to you, subscribe for the Courier; read it, write for it, give it your full support, and it in turn will do you good.

W. C. R.

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icine in its present state possesses no primitive fact.
A truly scientific Medicine is yet to be created," *

Another of that school has said that, "It is not a science for a methodic mind, but is a shapeless conglomerate of inexact ideas, as oddly conceived as fastidiously arranged, and is allied to sorcery and other quackery." †

Another, of a later day, and still more eminent, said, "Such in truth do we believe the state of Medicine is in to-day, it cannot be worse; it must mend or end." ‡ And still later, a writer of the History of Medicine said, "The only true plan of medicine is enlightened empiricism." §

It is not in Eclecticism, with its poly-pharmacy prescriptions, containing from six to ten ingredients, many of them chemically incompatible, and

more of them are therapeutically so.

The conscientious educated Allopathic physician stumbles on in the darkness, barking his shins against obstructions that he cannot see, and tearing his garments on thorns, that, although he can feel, he cannot see or avoid. So, he has been floundering along for thousands of years, out of one bog of theory into another, until the more intelligent of their number have landed at last in the quagmire of medical skepticism. Before them for the last half century has appeared the beacon light of Homœopathy. Most of them look at it and affirm that it is an *ignis fatuus*, which if followed will lead into the

^{*} Bennett's Practice. Bichat.

[†] Forbes. § Renourd.

swamp. Some of the more liberal and thinking ones, who believe that skepticism, either religious or medical, is an unnatural condition for mankind; that man endowed with a mind that can weigh the planets and read the laws that govern all physical existence—must have settled convictions on all subjects or he is in an unnatural state.

Some of these men while floundering about, ask, What is Homgeopathy? The ignorant and bigoted exclaim, nonsense! The more enlightened reply like the befogged inebriate, "damfino." Once in a while a conscientious inquirer will seek to follow the beacon light, hoping it may lead him out of the slough of skepticism; knowing that any change must be an improvement from that wherein he is—"that which cannot be worse" which "must either mend or end"—and by following this light he soon gets on the solid ground of the law of similars, and there he rests while wandering in the thick woods of gross medication, when if he would but follow the light still further he would arrive at the open day of dynamization.

But he sees in the gloom some dishonest unprincipled fellow; who while pretending to have attained to a higher altitude, and to be using the high attenuations, is covertly using gross medicine. The inquirer, thinking that all who believe in dynamization are imbecile extremists or liars, contents himself to still wander on in the gloom. When an Allopathic physician gets his eyes opened by studying Homœopathic books, he at first gives in his adhesion to the law of similars.

as the true law of cure; but he still adheres to his large doses of medicine, under the idea that he must in this way produce another disease—and this he calls RATIONAL HOMEOPATHY! The higher attenuations he ignores, or perchance despises. We know how it is ourself—we have been there.

The Dynamization theory is Rational Homeopathy, as it fits all the requirements of a science. The chemical laws of affinity teach it. Dalton's law of atomic combination of monogenic and polygenic elements, teaches it. Gay Lussac's law of combining volumes, teaches it. The law of definite and multiple proportions, teaches it. The law of electro-affinity teaches it.

The Atomic law is a primitive fact in chemistry.
"An atom is the smallest particle of matter that can enter into the composition of a molecule." "A molecule is a group of atoms held together by chemical force, and is the smallest particle of any substance that can exist in a free, or uncombined state in nature."*

Every law relating to matter, has relation to the ultimate atoms, whether it is the law of definite proportion, multiple proportion, chemical affinity, or elective affinity. These laws all have relation to the ultimate atoms of matter; not to matter in the aggregate. When a change is made in any substance, it is in its ultimate atoms. If an acid and an alkali are put together and left free to act, the change takes place in their ultimate atoms. When double decomposition takes place, the acid leaves

^{*} Dalton.

one base to unite with the base of another acid. Thus they change partners; all these changes taking place in the ultimate atoms. Again, all life is in the cell, and disease first commences in the cell, according to Virchow; consequently all curative action must commence in that vital part of the cell where disease first commences.

Nature performs all her works by the law of dynamization; there is not a salt or medicinal extract in the cells of any plant, that was not put there by this law. The Sun, as he rolls in majesty in the heavens, shedding life and light to all around, is depositing in the plants part of his substance, (according to Prof. Proctor), and from the rays of this glorious orb the plants, obtain their chromofil, even sending it through the glass that sometimes covers them.

Now here are some primitive facts, and if we admit these we must admit dynamization, for the medicine that is to affect the cell must be reduced as near to its ultimate atoms as is possible, or it will be obstructed in its action. The acid and the carbonate in the Baking Powder are kept apart by the flour, or other substances; and although they have an affinity for each other, yet they cannot act on each other, because they cannot be brought into contact until by the addition of water they are both reduced to their atomic condition; when the carbonic acid is evolved. Solution favors their disintegration. Another primitive fact is, that medicines have an affinity for certain parts of the body, and spend their influence on that part.

Again, there is an increased sensibility of the diseased part, and consequently articles that produce no sensible effect in a state of health will be very sensibly felt in disease. Toxicology teaches another primitive fact, that it is the remote effect of the poison that destroys life, not its local effect; and that each class of poisons effect certain organs by the principle of elective affinity. Magendie says, "Tartrate of antimony has a specific effect on the lungs, whether taken into the stomach or injected into the veins."

Another primitive fact is, that the appropriate remedy goes to the part diseased, and effects it only. Prof. E. H. Clark, of Harvard University, when speaking of strychnine as a remedy for paralysis, says: "It is a singular fact that its action is directed first to the diseased part." †

Pereira says, "Some substances exercise a most potent influence over the organism, without producing any obviously mechanical or chemical changes in the organic tissues. Such substances are said to act dynamically, as hydrocyanic acid, morphia, strychnia, etc." ‡

The law of antidotes is another primitive fact. It is well known that albumen is an antidote to Corrosive Sublimate, and yet even the Allopathic physician will give this poison in the small dose of one-twelfth of a grain. When this article is taken into the

^{*} Magendie's Physiology.

[†] New American Cyclopedia, Article, Strychnine. Pereira's Materia Medica.

stomach it meets the albumen and would be decomposed unless it underwent some dynamic change.

The law of crystalization is a primitive fact, and yet who can tell wherein resides the power of crystalization? It will burst any vessel that seeks to confine it. The French Academicians burst a brass globe that would require a force of several tons to sever its particles, by freezing water in it, (crystalization.) What becomes of this power when the crystalized salt is dissolved in water? What has become of the dynamic force?

The law of catalyses is another primitive fact i. e., that a substance by its mere presence in a compound, exercises an influence over another article, producing a change in that article without itself undergoing any change whatever. peroxide of manganese, by its mere presence with chlorate of potassa, causes it to part with its oxygen at a much lower heat than it otherwise would, yet the manganese undergoes no change itself. All these primitive facts culminate in Dynamization, and lead us to the belief that the appropriate remedy has such an affinity for the diseased organ that it goes to the organ affected, not by the circulation, but directly. Consequently, crude drugs cannot effect a cure, and those who use them, unless for destroying parasites, are not practicing RATIONAL HOMEOPATHY. It follows, then, that Rational Medicine requires us to attenuate medicinal substances so as to facilitate their action.

Then, to what extent shall this attenuation be carried? In reply to this we can only say we should

endeavor to separate the various atoms, if possible. But as there is a point beyond which matter is not divisible, may we not carry our attenuations so far that we may have in the mixture some doses in which an atom of the divided matter may not appear? Possibly; but it has been proven that particles of lead have been seen in solid substance, by the microscope, as far as the 12th dec. dilution; so of the trituration of mercury the microscope revealed it in the 10th dec. trituration. And Pereira and Kane mention strychnia as tasting bitter in the 6th dec. dilution.

These instances show that these articles were not yet attenuated beyond their obvious physical characteristics. And toxicology teaches us that the test for some of the mineral poisons reveals them in sensible characteristics beyond the 10th dec. dilution. No doubt the atoms of some substances are larger than those of others, and may be reached much sooner by attenuation.

This philosophy of dynamization accounts for the development of the power in substances, which in their crude state are totally inert. The Allopath concedes this when he uses hydrargia cum creta, which is only a mere mechanical division, with chalk, of a substance that in its crude state is inert, and yet becomes by division a medicine of admitted power in the human economy.

According to Apjohn most of the poisons never enter the blood, and after death can only be found in the organs for which they have an affinity during life. This should teach us an important fact in drug-action, and certainly points plainly to dynamization.

Have we not proved that with this law Homeopathy is Rational Medicine? and that it is a science, having all the requirements of Lord Bacon's "dome." It is supported on all sides by other primitive facts or laws, and will stand secure through all ages to come, becoming brighter and brighter as its laws become better understood, and living to bless mankind when Allopathy and her pompous advocates are forgotten in the dust of oblivion.

A CONDENSED MATERIA MEDICA.

BY S. A. JONES, M. D., [Professor, Ann Arbor, Mich.]

The schismatic saints of that 'immaculate conception' which chipped the egg at Milwaukee in June last, see only the 'mark of the beast' in the

yearning for a Condensed Materia Medica.

Much have I thought of this lately, being led thereto by many letters urging me to signalise my manumission by preparing such a work. Some of these appeals have come from sources so respectable that I have felt obliged to consider them; not, indeed, so much with a view of attempting to supply the demand, as to determine the need for it, and the probability and possibility of meeting it.

Rightly understood, one cannot deny that science should culminate in a Condensed Materia Medica. Condensed, mind you—not curtailed; not a caput mortuum. Of these we have already had more than enough in the so-called Allentown Jahr, Hull's Jahr, Lippe's Text Book, Hering's Condensed, and Cowperthwait's rechauffe of these last two. All of these are misconceptions; curtailments, not condensations; abbreviations, not analytical eliminations of the 'active principle,' or principal.

The grand desideratum could not be until Allen's grand Encyclopædia had been, and the completion of his work is the first step towards a Condensed Materia Medica. The gathering of this vast store of material was the indispensable initiative; the

winnowing is a far more arduous endeavor.

Hering had clear conceptions of the only safe winnowing, and festina cente was his creed. He knew that the 'proving' could win its spurs only in its clinical application and verification. He was right; all other criteria have but a subsidiary value; many of them, indeed, are only 'scientific' ignes fa'ui, beguiling into a slough of despond, after the manner of all such 'lights.'

Holding views so sound, Hering's 'Condensed' is a misnomer; Hering's Abbreviated, gives the letter and spirit of the fact. The truth of this is made evident in his Guiding Symptoms; and in this work we have Constantine Hering's only at-

tempt at a Condensed Materia Medica.

As this work will require eight posthumous volumes, in addition to the two which came out under the veteran's eye, my calling it 'Condensed' may excite a smile in those who are dismayed by the profusion of Allen's *Encyclopædia*; but surely these men have not discerned Hering's supreme endeavor

to apprehend, (aye, lay-hold-of), the gist of the remedy. This grand old workman knew that the letter killeth, but the spirit giveth life; and for more than half a century he sought for that spirit where alone it can be seen and felt—in the clinical

application of the data of the 'proving.'

Some have felt that he violated the essential unity by incorporating symptoms derived from the use in disease. Not so; a 'proving' is from the nature of things incomplete—a proving does not produce vertebral caries—a similar disease; state is pre-Raphaelistic to the veining of a leaf, and we find in the calcic phosphate a similimum for one form of vertebral caries, in its entirety. Having endeavored to let disease supply details where the proving had given (could give) only outlines, he has largely succeeded, and they who ignore his 'Guiding Symptoms' needlessly limit their own usefulness.

From our standpoint, then, it is evident that, in the clinical application of the 'proving' we find the chief avenue to the obtaining of a Condensed Materia Medica.

To be sure, this very avenue can, and does, lead to fallacies innumerable, as much 'High Potency Practice' amply evidences; but shallow cerebral convolutions will aberrate in any avenue, and the avenue must not be blamed! A searching analysis of all published 'cases' is, then, an indispensable preliminary, and such symptoms as can rightly wear the stars of generalship for "services in the field," will form the safest contribution towards a Condensed Materia Medica.

Altogether secondary to this is a pruning of the redundancies in the Encyclopædia. The duplication, triplication, quadruplication of a symptom is, as many provers believe, a most desirable evidence of legitimacy; it at least suggests one and the same father, and provers, we know, are suspected of 'easy virtue,' as the word goes. It is also proper to have these evidences of legitimacy duly recorded in an Encyclopædia; but in a Condensed Materia Medica only one statement of the same fact is allowable.

Some have wished that this plan had been applied to Allen's Encyclopædia; but somewhere they must be recorded in all their actual multiplicity, and the Encyclopædia is the place.

No other abbreviation is to be tolerated except such as is justified by clinical experience, and these two methods would largely lessen our Encyclopæ-

dic storehouse.

But if a Condensed Materia Medica is to include only such symptoms as appeared to the majority of the provers, we shall surely omit some of the most valuable, for idiosyncracy has claims which must be respected in every 'proving'—and if we incorporate only such as have been clinically verified we shall doubtless condemn many a symptom because it has not happened to have had a hearing in the clinical court. If the developing of our Materia Medica has required a century, why not a century or two, or three, for its verification? make a 'proving' at will; we can demonstrate its verity only when the golden opportunity comes to That may come to-morrow, and, may, perhaps, only in 'Plato's year.' Hence Hering's profoundly prescient Festina Cente!

Mine eyes look not for the Condensed Materia Medica. It may come in 'Plato's year,' or when, with clearer views, we can see in it all the grand simplicity that marks the works of Him whose inscrutable plan hid virtues in the flowers of the field.

If it shall come, it will be as the last of a series

of eliminations, a series that will gradually exclude the generic in each remedy by cancellation, until, at last, only the specific—the absolute value—of the remedy will be left. This feature will be written in a single line, as the anxiety of aconite, the asthenia of prussic acid, the restlessness of rhus, and so on. Each remedy will have its voice, and be known by it, as was King Lear, in that night of storm and darkness.

That this is not a mere dreamer's fancy is shown by the fact, that in the "key notes," or characteristics, we have a foreshadowing of the ultimate identification of a remedy by its intrinsic individuality; and this individuality is not shown by erratic warts and birth-marks, as your Repertory makers imagine. A truant lock of hair might have hidden Cromwell's wart at Edgehill; but what could hide the voice of him who commanded in the name of the Lord God of Hosts? We want not warts and telangiectasic birth-stains, but the SPIRIT, and this we shall reach when we get through the rind of things. We must drop synthesis for analysis, and though this may seem to lead us to several centres in a drug's action, all essential to its unity, yet we must keep on and on, until, at last, is revealed to us the punctum saliens.

"So runs my dream, but what am I?
An infant crying in the night;
An infant crying for the light,
And with no language but a cry."

CASES FROM PRACTICE.

BY R. A. PHELAN, M. D.,

[Prof. of Materia Medica in the Homœopathic College of Missouri.]

Miss P., 19 years of age, was sunstruck in the summer of 1864, from which time till the 17th of July, 1868, she had been insane. After repeated efforts of medical men had failed to restore her to health, she was sent to the State Lunatic Asylum in the spring of 1865, and kept under treatment and discipline thereof, during a full term, at the expiration of which she was returned to her father's home without any amendment whatever in her condition.

At the close of another year, seeing that she was getting worse, and becoming almost unmanageable, she was sent back to the Asylum, and kept there during the course of a second term, and again returned to her father's house as incurable.

What the symptoms that characterized her case during all this time were, we did not learn, except in a general way, not essential to be mentioned here; but in her peculiar state she continued until the 17th of July, aforesaid, when she came under our treatment.

The condition expressive of her derangement, and for which we prescribed, were the following, viz: Unsteadiness of purpose, with almost constant tendency to move some part of the body; indisposition to converse, especially with, but making determined answers to strangers; and an occasional exhibition of silly laughing during her agreeable intervals. When her wishes to go into the streets met with the opposition of her parents, she flew into a rage, and used all the force at her command to carry out her determination—she would cut with a knife if it

came in her way—and when she got out she walked hastily on her way, singing and dancing, and laughing, and waving her hands. These circumstances were observed to be much aggravated in the afternoon and evenings, and especially at the approach of and during the first day of the menstrual period; particularly the eyes when in anger, the pupils of which seemed to be more than ordinarily dilated most of the time—the menses being premature, dark, clotted and rather scanty.

These indications taken in conjunction with the very characteristic original cause whereby they were generated, and as a consequence of which they continued to exist, marked definitely enough the course to be pursued in their eradication.

What was the cause? The alternation of remedies? Here was a good case for that practice. The exhibition of Bellad. and Hyos., if you please. But we cannot alternate, because that is not the style of Homeopathy; not even if such a practice were allowable should we resort to it, for the reason that we should be afraid lest the modifying influence possessed by one remedy over the action of the other, might compromise the chances of success so as to prevent us from restoring to home and society, a once beautiful and accomplished young lady. What was then left us to do in so important, and to her friends, so hopeless a case? Nothing, but as a true Hahnemannian, to carefully individualize in selecting the proper remedy, and having found it, to administer it in the smallest quantity capable of curing the case. Now which of the two named remedies covers the case the most perfectly? Both have laughing, singing, furious actions, rage, attempts to strike, and aggravation of symptoms in the afternoon and evening, and before and during menstruation-in common, individualize farther.

With Bellad., however, and not with Hyos., do we find the dislike to conversation, the constant disposition to move some part of the body, especially the hands; the condition of the eyes; the majority of the symptoms connected with the menstrual appearance, and to the cause of the disease; it stands in the very highest order as a remedial agent. Bellad. was therefore the remedy, and accordingly, we, on the 17th of July, 1868, gave the patient one dose thereof, in the 4000 potency (Lentz's preparation), with the usual allowance of Sac. Lac., for one week, and departed.

On the afternoon of July the 19th, the lady's father informed me that she had been unusually excited the previous evening, and during that day, and thought the medicine might be too strong. This was an aggravation. This was an aggravation. July 24th, found the patient unusually quiet-had been so for three or four dayswas more communicative, and general appearance favorable. Sac. Lac. furnished for one week-July 27th, her father called to see me, and informed me that she was "getting along finely"-was making herself generally useful about the house, without being asked, and evinced no desire to leave home on any account. July 31st, patient wonderfully improved, almost natural in her conduct-no excitement or restlessness, conversed with apparent ease; parents delighted, but feared a return of her difficulties at approach of menstruation—a natural fear which was shared in even by ourself. Sac. Lac. for one week.

August 7th, still gaining in every respect, very quiet and orderly—patient sewing when we reached the house. Placebo for another week. August 14th, menstruation present one day too soon; and much to the gratification of all, accompanied by no aggravating circumstances, ex-

cepting that she appeared more reserved in her manner. Placebo continued.

Suly 22d, was informed that menstruation passed off almost naturally-was much more profuse, and not dark and clotted as formerly; patient gained much in strength, and certainly in appearance. Sac. Lac. for one week. At the end of two weeks more, viz: on the 5th of Sept ... it was almost impossible to notice the difference in her actions, from those of other people; she was then attending church, and visiting her friends, as naturally as she ever did in her life, and nothing of her old difficulties remained to be discovered, except in the impression amongst her friends and acquaintances that she once was insane. Her father remarked that he would be delighted if he thought the great change would continue when she dropped off taking medicine. The remark was made in that spirit which betokens an over-anxious ingratitude (if we might so express it); Homeopathy must cure at once what his favorite system (Allopathy) had failed to do in four years. How much of this we see! We informed the gentleman that the cure was complete; and on that day, being six months from the time we began the treatment, surrendered the young lady to her father and mother in a perfect state of health.

I saw the lady as late as the 11th of October, when she continued perfectly well, and wonderfully improved in general appearance; and as late as the 14th of November, her father told us "he could see no end to her improvement." We have no disposition to become popular by giving such cases to the public, but in important ones of this sort, when a system 2000 years old has so utterly failed to effect a cure, we regard it as due to the friends of the Homeopathic law of cure throughout the world—that the principles of pure Homeopathy which

they so much admire, find an echo even in 'he great Southwest where it has been supposed that only mongrelism flourished. The case is also a refutation of the materialistic tendency of the day, in proving conclusively that the infirmities to which our poor nature is subject, can be safely and surely removed, even the most deep-seated of them, by infinitesimal doses of medicine. They cannot be cured in any other way; and if they could, gentlemen ought to spare poor human nature by guarding her against the evil consequences that must necessarily follow the administration of crude medicines. Reflect on this case which was cured by one single dose in the 4000 potency. Follow Hahnemann and you can all do well.

Department of Electrology & Neurology. J. T. Kent, M. D., Editor.

A NEW RECTAL APPLICATOR.

In managiny some forms of nervous affections, attention is drawn to induration and other structural changes of the anus and rectum, as a primary cause. Medication of the anal outlet has been more embarrassing than of any other regions, and mechanical treatment has been found andrologeous. The following improved anal plug or Rectal Applicator, has served a valuable purpose in a two-fold way:



It affords a means of dilatation as well as a constant suppository. The screw plunger may be turned at will, constantly forcing out such medicaments as are placed within the cavity of the Applicator. Iodoform and cosmoline, or ergotine, extract of rhatany, with any convenient unguous substance, may be used. This instrument is presented to the profession as an improvement on the old anal plug.

THE ABUSE OF ELECTRICITY.

The abuses of Electricity are becoming so common, it behooves that a word be spoken to prevent honest minds from falling into the practice of misusing this valuable force.

A patient may enter the office of any doctor and relate a history of spinal irritation, which is elegantly cured by general faradization properly applied, and the doctor places himself in a fine chair, passing currents in every direction through the body and extremities, the patient of course not much benefited only for the time. The fact is the patient has been humbugged by the conveniences of an electrician. Such may be mentioned as one of the abuses of electricity.

The same patient can be cured in a short time by being placed on a common stool, with his feet upon a common foot-pad, and the operator at the side of the patient applying a sponge to the tender points in the spinal cord. This takes time, and perhaps the exercise of brains; but it is the only way to cure.

There is no place for the electrician, as a specialist. The eye, ear or lungs, or any part of the human body, may be selected for a legitimate specialty. But electricity must be used by every doctor as a part of his means for the cure of the sick. It is not uncommon to find a doctor who claims to practice entirely by the use of electricity—he cures

everything by electricity(?). He has electro-magnetic chairs, electric batteries, etc. The people have only to treat themselves; make a diagnosis of the case, and prescribe for themselves these electrical contrivances, and go to these places of resort and buy so many Ohlms of electricity and be healed. The doctor in charge is not of the kind to advise other treatment for this case, but to urge a continuance through an indefinite period, at one dollar a seance!

Electricity is perhaps as useful as any force in our hands to apply. But it should be held in the background like any other agent, until the time comes for its use, when it should be used with intelligence, and not the same kind or quality for every case. A doctor who does not know how to administer electricity, does not know whether electricity will cure a certain case or not; hence the folly of sending patients to an electrologist to receive electricity. It is a common occurrence for us to receive patients from doctors, with the following advice: "This patient is suffering from he needs electricity; will you be so kind as to attend to him?" Many times, if we were to carry out this advice, the patient would not recover, and electricity would be condemned. But, to please the doctor, the patient receives the electricity, and a single dose of medicine; but in such cases it is the latter which cures the patient, though the electricity gets the credit.

There are many cases not well managed by med-



icine, that yield to electricity. It is as necessary to know what conditions can be cured by electricity as to know the law of the Materia Medica; and, also, it is necessary to know what is the best manner of applying the force. The doctor who has no time to devote to the use of electricity in the cure of these troublesome chronic diseases—or who is too lazy to stand on his feet a half hour, to relieve one of the chronic sufferers—had better not bother his head with electricity, as he will not be likely to cure many patients.

MANAGEMENT OF DISPLACEMENTS OF THE UTERUS IN NERVOUS WOMEN.

After a satisfactory examination has determined that a displacement of the uterus is present, and also the true nature of the displacement, the organ should be replaced in its natural position in the pelvis, as near, at least, as can be accomplished by the methods in vogue, of which the operator may take his choice.

The most natural inquiry now is before us, viz,: How can the organ be held in position? Mechanical support is often worthless, and, in unskilled hands, it has been the cause of untold injury. Yet it is not our purpose to decry pessaries, as we have accomplished some good with them. But we shall in this paper attempt to show the manner of treating these troubles physiologically.

During the treatment that we shall direct, the uterus must be restored as often as displaced. When the posture and the index finger will perform the work, it is better than the too frequent use of the sound. When the relaxation is great, in debilitated patients, we immediately put them to bed—of which we shall have more to say before closing this paper. The milder forms must first receive our attention. Such cases are generally able to go about the house, and attend to their duties with no inconsiderable degree of irksomeness, nevertheless, they work, and come to the office for their treatment. With the above injunctions in view, the treatment of displacements and prolapsus in all degrees is the same.

The causation and immediate condition of the pelvic viscera must be studied cursorily, in connection with the means of relief. It must appear at a glance, thet relaxation is always present, not simply confined to the suspensory ligaments, but extending to the entire pelvic viscera and abdominal muscles. Then, to effect tonicity and contractility must appear to be the all-important object to be accomplished.

There are many causes mentioned by which these results are brought about, but one we cannot refrain from mentioning, as it figures so often in preventing our cases from a satisfactory recovery. It is sexuality. We have not seldom had to compel a temporary separation, sending the wife on a visit for a period, before treatment would result in any benefit. We do not so much refer to sexual excess, as to imperfect coition—unrequited passion. ual excesses are not so often the perpetrating cause, as many authors would have us believe; but, in the sense of unrequited passion and mismanagement of the sexual functions, we are firm believers, as giving rise to more mischief than all other eauses combined. Indeed, if any class of patients we were to avoid, it would be the managing of the uterine disorders of maidens; and few maidens reach advanced years without suffering from prolapsus, or some of the common displacements, unless my experience differs widely from that of other observers.

The mere mention of sexuality as we have given, will be quite sufficient to convince any person that we are advocates of marriage for the cure of prolapsus in maidens, and we are not writing without We are perfectly convinced that norexperience. mal coition is conducive to health in all beings. After correcting any mismanagement in sexuality, we next direct attention to cleanliness, which is no less important in the treatment of these cases; without cleanliness not much should be expected from any method of treatment. It may be thought best to accomplish this end simply by warm injections, with a vaginal syringe, in conjunction with proper bathing and brisk friction. By too warm applications great good will not so likely result, and will

only increase the relaxation, the reverse of what is most desired. When cold-water injections are agreeable, they should be used; but some females suffer from neuralgia after the use of cold injections, and, in such cases, warm water must be substituted, with simply the chill taken off. Lifting overgrown children, running sewing machines, too long walks, running up and down stairs, etc., must all be avoided.

After we have looked into the perpetuating influences of these disorders, we may advise intelligently, but often we do not find them all, until a failure to cure threatens us, and urges us to look further into the surroundings of our patient. mild cases which we are now especially considering, we propose to treat by electrization. ger portion of these cases will be much improved by general and localized Faradisation. We place the patient in a chair, with the back and abdominal surface accessible to the hand, or sponge electrodeher feet are placed in contact with a zinc foot-plate, well padded with sponge and wetted when in use. If there be much tenderness along the spinal cord, which is quite commonly the case, we connect the cathode with the foot-plate, and apply the anode sponge to the spinal column, sometimes using the hand instead, also stroking the muscles of the abdomen, combining massage with electrization. The muscles of the abdomen are vigorously rubbed. The current should not be of strength to produce painful contraction of muscles, but the muscles

should all be made to contract perceptibly for passive exercise. To the tender places over the cord, the anode should be applied for five minutes at a time. The general Faradisation should be continued as long as twenty or thirty minutes each se-This should be repeated as often as every four days. The localized electrization should be commenced immediately, by the introduction of an intra-uterine electrode; if too much irritation be present, a vaginal electrode must be substituted; a small sponge upon an insulated holder, will answer the purpose in the latter case. When great tenderness (hyperæsthesia), is present in the organ, the anode should always be used. The cathode may be used over the muscles of the abdomen, lumbar cord and cauda equina, also, sometimes introduced into the rectum or bladder. At no time should the current be painfully strong. We do not hesitate to remark that intelligent electrization, not electricity, added to other proper measures, will restore nearly every case of the broken-down females of our period.

This leads to a class of patients, materially different in constitution and general surroundings. They are nervous, unable to exercise, anæmic, and suffering from long illness. The causes are numerous and their condition deplorable. We sometimes begin even these bad cases, if they are not entirely bedridden, by the above process, and generally fail; after which we put them to bed and pursue Mitchell's* treatment, which consists of rest, massage, electricity and diet; rest in bed from three to four weeks, with daily massage, by an experienced masseur, electrization and physiological feeding, will be found highly important measures, and well worth careful and candid consideration. Massage, as a means of depriving rest of its evils, is a most satisfactory agency, and has been too much left to charlatans.

In returning to individual measures, it is quite necessary to remark, that local electrization is insufficient to effect a cure in most if not all cases, but it will assist in bringing about local tonicity, after the entire system, and especially the vegetative centers, have been brought under the influence of the current. In cases of great debility, we generally delay the localized electrization until the patient is eating well, and shows some signs of improvement in nutrition. With a short continuance of general Faradisation, the patient will be so improved that local electrization may be commenced and continued in alternation with general Faradisation, with increasing improvement. When relaxation is extensive, and general and localized Faradisation have been continued two or three months. without any perceptible improvement, the galvanic current should be resorted to, by centrally galvanizing the sympathetic, and locally galvanizing the uterus and its ligaments, also the abdominal mus-

^{*} Vide, "Fat and Blood, and How to Make Them," by S. Wier Mitchell.

cles. The nutritive processes are markedly favored in some cases, by changing Faradic to the galvanic current.

It may be asked, why we do not say something about electrotonus, or more about the differentiation of poles, as applied to electrization of these disorders? In answer to such a question, we must say that the point is sometimes important, but not so important as it might at first appear. This subject must be duly considered before venturing very far into electro-therapeutics. It is a question belonging essentially to electro-physiology, and it is but reasonable to suppose that any physician has made himself familiar with his electro-physiology before advancing far in electro-therapeutics. this connection, it is proper to add that the effect of electricity in acting upon the tissues and producing changes in the human body, is not unlike the action of drugs-i. e., manifests a primary and secondary action upon cell life, and in modifying the functions of organs. To know when the one or the other may be produced, we must have had extensive experience, and these are at this time open questions. That we produce an electrotonus and catelectrotonus at the respective poles, is not a question; but that greater changes, in a therapeutic aspect, will follow the one or the other pole uniformly, is a question. In attempting to restore tonicity by stimulating the nutritive changes, is the chief aim, but we have observed very little difference in the use of poles when confined to this action. When well defined clinical rules are not at command, the physiological laws must ever be our guide. Medicinal agents are useful, but in regard to which we have nothing new to offer. Our treatises are ample in marking out the use of agents of this character.

A CASE OF CEREBRAL TRAUMATISM.

BY DR. DANIEL KUHN.

Mrs. F. received, April 14th, 1880, at four o'clock in the evening, a shot from a small pistol. When I saw her, twenty minutes after the accident, she was conscious, but vomiting. The ball entered just above and in front of the right ear, at the termination of the helix, and passed downward, backward and inward. The probe followed the track until opposite the auditory canal, having entered the bone; blood flowed from the ear showing that this canal had been injured, and immediately after probing, the patient had a severe convulsion, in which she turned to the left side; the face was drawn to the left side. The convulsion lasted about ten minutes, after which the patient went into a deep stupor with sterlerous breathing; the stupor continued one hour at this She had another convulsion similar to the first, with turning to the left side, and followed also by stupor. About the time of her recovery from this stupor, three hours after the accident, Dr. Hodgen saw her, she was then restless-sick at stomach-and inclined the head to left side. During the night heavily complained, when awake, of dizziness in the head, and asked frequently that

something should be given her to relieve it. The dizziness was much intensified when she turned to the left side, or allowed the head to rest on the left side; had darting pains through the right ear. She remained very much in the above condition, except the vomiting and convulsions, until the 16th, when she complained of a constant hammering up-stairs; when told that there was no hammering up-stairs, she referred it to her head; was much disturbed by it, and asked her attendants to listen that they might hear it also. Lightness of head and nausea continued. Has had no more convulsions.

April 16th.—The nausea is less, the dizziness less, but is increased when she turns to the left side, and she cannot get up because of the dizziness.

April 20th.—The noise in the head has ceased; the hearing is almost perfect. When she walks there is a constant tendency to turn to the left; the gait is very unsteady.

April 23d.—Patient is improving rapidly, in every respect.

On the 10th of May, I called to inquire about her, and found her quite recovered, and she so continues to this day.—Alienist and Neurologist.

CLINICAL ILLUSTRATION OF CEREBRAL LO-CALIZATION. *

BY H. H. MUDD, M. D., ST. LOUIS.

William Ford, colored, aged 32, and healthy, was struck with a stone on the left side of the head about

^{*} Being part of a paper on 'Cerebral Localization' read before the Missouri State Medical Association, May 18th, 1880, at Carthage Mo.—ED.

one and three-quarter inches to the left of the sagittal suture, in a vertical line drawn three-quarters of an inch in front of the parietal eminence. The blow produced a scalp wound, but did not render the patient unconscious, and he continued at work as teamster, for four or five days, when headache and dizziness compelled rest.

I saw the patient at 6 p. m., Oct. 27, seventeen days after the injury, and found the scalp wound healed; no thickening or ædema about it, but slightly sensitive. There was very little, if any, irregularity detected in the bone by firm pressure. He was at this time suffering with epileptic convulsions, which commenced on the night of Oct. 24, by irregular jerking of the right hand. He next observed the same involuntary jerking in the right leg. The first general convulsion occurred at 12 m., the 27th inst. The convulsion involved only the right side at first, but finally included convulsive action of all parts. He was entirely rational between attacks, but lucid intervals became shorter, and convulsions more prolonged and severe.

I gave bromide of potash, grs. xL, at a dose, and the convulsions became less frequent and severe, during the early part of the night; but the next morning, nothwithstanding continuance of use of bromide, they became more severe.

At 9:30 a.m., the 28th inst., I trephined at site of cicatrix in scalp, and found upon denuding the bone that there was a line of fractureabout three-eighths of an inch long, showing a slight depression, possibly one-eighth of an inch long. I found the inner plate very slightly depressed, and the bone at the site of injury congested and somewhat softened; dura mater not injured, but seemed to be tense. As anæsthesia passed off, the twitching in in the right arm and leg reappeared; but at 4 p. m., the same day, all convulsive twitching disappeared.

Nov. 28.—Wound healed; feels well, and has not had convulsion or headache since operation. April 27, '80.— The wound afterwards inflamed and suppurated, and he had epileptic spasms, which were relieved when the pus was freely evacuated. Since it permanently healed, he has at intervals, varying from three weeks to four months, had an epileptic seizure. It is possible, I think, that these have been produced by thickening about the wound, in consequence of continued suppuration.

This case presents some interesting features. The convulsions supervened on the seventeenth day after injury, and were preceded by twitchings of the arm and hand, but prior to the development of general convulsions, no evidence of inflammatory action was present, no marked depression; the line of fracture could not be determined through the natural scalp; inner plate of cranium did not press upon or injure the cerebrum; the dura mater was not broken or inflamed, but was irritated by the focus of irritation in the bone, which was unnaturally vascular and somewhat softened.

The muscles involved in the spasm indicated, the site of the lesion, and the removal of this point of irritation relieved this epileptic spasms.—Alienist and Neurologist.

DEPARTMENT OF OBSTETRICS,

W. C. RICHARDSON, M. D., Editor.

GYNÆCOLOGICAL HOBBIES AND AB-SURDITIES.

Much has been written and said about the subjects that head this article. It seems, however, that there are still men who though generally accredited with a fair amount of common sense in other affairs, every now and then take it into their heads to run amuck of the poor women.

The art of Gynæcology, like all other special departments in medicine, had to rise up through crude empiricism. First, we had the *pessary* fashion, during which period nearly every woman that was ailing, no matter what or where the trouble was, had to have a pessary. Pessaries were introduced in cases of bronchitis and ophthalmia.

Next we had the cauterization craze, during which aberration every woman that could be reached by the would-be gynæcologist, was supposed to have an ulceration, and had to submit to some kind of caustic application.

The next mania was the most audacious; if not the most useless of all—Hysterotomy. Every case of painful menstruation it was thought could be relieved only by slitting up the uterus.

Of late years the manias are not so deep-seated, and a hobby or absurdity usually lasts but a year or two, as may have been noted by acute observers. We have lately been afflicted by our gynæcologists with their sub-involution, recto-ophorotomy, and lacerated cervix manias.

The last, or lacerated cervix absurdity, is the most preposterous of all. We do not mean to be understood as wishing to convey the idea, that there are not, here and there, cases in which there may be present the pathological conditions referred to, or in which any one of the operations mentioned may not become necessary.

What we do most vigorously protest against, however, is the blind, reckless indiscrimination, with which a majority of our specialists in diseases of women, rush insanely after the suggestions or intimations of the great lights of the profession.

Let a Wells, Thomas or Hewitt have half a dozen cases, out of a couple of thousand, that demand a certain unusual or extraordinary operation, or method of treatment, and immediately all the small men will take up the cue, and out of a scant hundred or two patients, find forty or fifty to which the new proceedure in their opinion is just the thing.

Batty, with his several successful operations of removing the ovaries, has started a furor that threatens to supercede everything else. But fortunately there is rather too much danger connected with this proceedure to make it of any lasting popularity, besides its rival, as a novelty, laceration of the cervix, is not only considerably less formidable, but also requires less skill.

We have heard of one or two cases in which our

genus, specialist in gynæcology, has even diagnosed and proposed to treat lacerations in the virgin uterus! On the other hand we have a class of men who try to make themselves notorious, and build up a practice by boasting that they never examine physically, never operate, and never treat locally uterine diseases. This last class of practitioners is perhaps the most absurd of all.

The moral to be attained by studying these various hobbies, from a rational standpoint, is that the careful observer, by weighing them all, may be able to gather some small amount of good from each; and in the meantime the art is advancing slowly, and at the expense of much suffering on the part of women, to something like a scientific basis. While rash and venturesome ones fly off on a tangent, at the merest suggestion, the really conservative are treasuring up valuable and useful knowledge.

The instruments, skill of manipulation, knowledge of pathology and treatment of to-day, are incalculably far ahead of what they were before hobbies were in vogue. And we look to the day as not far distant—it is in fact dawning—when gynæcological surgery and therapeutics will no longer be a reproach to the profession.

INTERESTING OBSTETRICAL CASES.

BY M. M. EATON, M. D., CINCINNATI.

Mr. Editor:

Accepting your invitation to write something for your journal, I will report two cases of obstetrics, which were of interest to me. The first is that of Mrs. L., of this city, aged 26 years, spare build, light complexion. She returned from New York three weeks since, at which time she was six months advanced in pregnancy, with her first child. The day following her return home there was a gush of water from the vagina, and I was called to see her. I found her feeling well, and upon making a digital examination per vaginam I found the os uteri closed, or nearly so, and the cervix uteri long and hard. The movements of the child were still noticed; I advised rest in the recumbent position, and left secale, 6th, to be given if there were any pains experienced.

The next day I found everything in statu quo, the flow of water being profuse, with no blood, and only feeble uterine contraction, which the secale at once arrested; movements or the child less distinct. Thus things went on for twelve days, the flow of water being so profuse as to often saturate three napkins in an hour. On the twelfth day the pains came on strongly, and having given up all hope of saving the child, I applied Bell Ointment, diluted one half with vasseline, to the os uteri, and

gave some chloroform. After obtaining some dilation of the os, I made out a back presentation, (or rather no presentation, with a transverse posi-I succeeded in turning the child by external manipulation, and brought the head to the in-A few hours afterwards I found a hand presenting by the side of the head, and after a while the funis came down also; still I could feel the sutures and fontanells distinctly. Pains now ceased, and I gave the patient a rest. The next day, on visiting my patient, I found her suffering severe pains, and an examination revealed no cord, no hand, no head; but in their place a breech pre-I dilated the os by using Bell Ointment and manipulation, gave chloroform to aid relaxation, and finally delivered a dead child, by the Now how did that child get turned completely around? The vast amount of amniotic fluid discharged is another wonder. The placenta was easily delivered, and the mother is nearly recovered.

CASE SECOND.

While attending the case just narrated, I also attended a case of confinement at full term. Patient 30 years of age, pregnant with second child. I arrived before the membranes were ruptured, and at the proper time ruptured them myself, though there was no bag of water. The pains being rather inefficient, I expected advantage from rupturing membranes, the os being well open and the head presenting in first position, but no liquor amnii was

discharged then or at any other time, during the delivery. I discovered none, the bedding was not soiled or wet. I delivered a healthy, strong female infant, weighing eight and a half pounds. The mother had been well during gestation, both mother and child are now well and strong.

I do not see how this child got along so well with no amniotic liquor. The first case seemed to secrete it in quantity beyond belief; the second was as dry as the desert. I have never before seen such a dry case as this last, nor so wet a one as the first. They lived but two squares apart, therefore not due to locality; both slender, therefore not due to excess or want of adipose; both had kind husbands, who pay promptly; therefore, no mental strain. Well, I give in; call them freaks of nature, etc. But that child's turning, end for end, after I had left it, beat me the worst; but it died doing it, the prolapsed cord pulsated, showing the child alive. After he turned around, and I got him to back out, he was dead as a nit. A warning to other unborn children not to cut up in that way, even to escape a flood.

DEPARTMENT OF SURGERY,

J. W. THRASHER, M. D., Editor.

SYPHILIS.

It is an acknowledged fact that the exact nature of syphilitic poison is little known. We use a term to designate a condition, as in malaria, and how little we know of the real nature of such a poison. We only know the effects of a specific poison called syphilis. Its phenomena are well known, and the devastation it leaves in its course. What the poison is outside of its name, is a problem very unsatisfactorily demonstrated. There is, perhaps, no condition to which the human race is subject to, where more skill and care are needed, than in this loathsome disease. And still, no class of individuals is more imposed upon, drugged, or duped by charlatans and quacks. Nearly every one you meet has some kind of a nostrum or recipe for venereal diseases. And doctors are very little better, and especially the regular, who has his favorite formula for the different forms of venereal affections. The treatment is just as varied and unsatisfactory as our knowledge of the character of the poison.

Theories of every conceivable kind have been advanced, as to the mode of treatment, the possibility of eliminating the poison, etc. By some it is

thought that the poison can never be eliminated, and if its ravages are stayed it has made its impress upon the system which will modify the patient's health during the remainder of his life, and prone at any time to make its appearance in the most destructive manner. Others advocate as strongly its entire removal from the system. It seems that more depends on the manner of the patient's habit, mode of living, and his power to resist the poison, than either of the extreme arguments. A patient who is strictly temperate, and occupation such that he may protect himself from cold and wet weather, may, to all appearance, be classed with the former; and the patient who seemed as radically cured as the latter, from a want of temperate habits and the natural comforts of life, might be classed with the former. Hence, like most of subjects, it has advocates on either side, who are wholly absorbed in their own ideas, and determined to bear their side of the question to victory, if all else is wiped into oblivion.

In too many instances investigation and success are hindered by prejudice, personal strife and sectarian differences, which are sure to hinder the physician from treating the disease scientifically and successfully. There is not a vestige of science in treating any disease by recipes. Any old woman, without any knowledge of medicine, whatever, can do as well as the physician who treats his patients by formulas. Nothing is better calculated to dwarf the intellect, dry up the channels of thought, and make a brainless head than such a

method of practice. It is a prolific source of indolence. It requires research and thought to find the exact remedy in each case, the neglect of which is the cause why so many Homœopaths fail. Whenever a physician fails to seek out the true similiar in each case, he fails to ply a grand principle, and fails as a Homœopath. And the great tendency of the busy practitioner is to glide into a sort of routine practice, giving the same remedy to patients suffering from the same disease, irrespective of the conditions present. We might as well give one remedy for all cases of diarrhœa, as to give mercury in every case of syphilis.

There is, perhaps, a greater difference in the treatment of primary chancre, than in the secondary and tertiary forms. Allopathic authorities generally advocate the destruction of the chancre, and if destroyed within five days of inoculation, the probabilities are that there will be no systemic contamination. Other authorities, just as noted, claim that there is no need of destroying the local sore, that it becomes a constitutional disease the moment of inoculation-which fact is pretty well established—and should be treated constitutionally from the beginning. There is no doubt but what the system absorbs the poison as soon as inoculated, and continues to absorb it as long as there is a destruction of the tissues at the point of inoculation. And not only is a fresh supply being furnished by the chancre, but that already in the system is uniting its intensity, and doubling its forces; so much, that the surgeon

has a dual battle of neutralizing the poison already in the system, and arresting the continued accumulation of the poison; whereas, if he were to thoroughly destroy the fountain-head, the effects could be more easily arrested. There would be little use in trying to dry up or change the bed of a river, by interfering with its tributaries. Hence, we consider it better to proceed, at once destroy and cut off the supply of the poison, and then look after the phenomena.

From the fact there are numerous cases on record, to prove conclusively that the mischief is not near as general and destructive where the chancre is destroyed early, as when let run its course, as many cases recover and escape secondary symptoms for years, with no other treatment than the destruction of the primary sore. From this it seems rational to dry up the source of the poison from whence the system absorbs the offending element, and proceed at once to neutralize or eliminate the poison, if it be possible to eliminate such a mischief, which can be done now much easier than when the solids and fluids of the body are all permeated with the poison. The question is, how shall this done? With caustics, in the destruction of the sore, making a simple sore of a malignant one-or, with cautery and constitutional treatment combined? A great many of the regular authors tell us that mercury should not be given in the primary stage, that it aggravates and produces conditions more grave than the disease. That is true from an Allopathic standpoint, but the opposite from a Homœopathic point of view. The former give it in doses only calculated to deplete, and produce difficulties that are as serious as the malady in its worst forms.

It is this heroic treatment, so called, that has caused so many to discard it in the primary form of syphilis. If given homœopathically it is capable of producing the very best effects, and is not at all liable to produce any conditions but what are desirable and advantageous to the patient. can readily conceive why our illustrious founder. Hahnemann, took the extreme opposite in the treatment of chancre. And it is mysterious why men that know the havor produced by mercury, in such doses, will continue its administration in such unreasonable quantities, even when given, as they claim, wisely, is to push it just far enough to show evidences of pytilism, and no farther. If given homoeopathically it is the very best remedy that can be given in such a disease. We have yet to meet the first case of chancre that cannot be successfully treated by the destruction of the primary sore, and a strictly homoeopathic medication em-When we say homoeopathic, we do not mean to prescribe mercury in every case, but give any remedy indicated at the time of prescribing. For instance, if the mucous membranes are involved, we should consider arsenicum alb. and similar remedies, or the skin stillingia-not the fluid extracts of the common drug shop-but the mother tincture in drop doses; or, kali iodi, the first or second triturations-not in 60 and 100 grain doses,

as we once heard a professor teach in one of our hospitals. He also claimed that "he did not know why he gave it, but it was the only remedy that would do, and was no good unless given in large doses.

Mercury should also be given not lower than the third, and higher if indicated. Corydalis' foramosa the mother tincture, or 1st dil., serves a good purpose, especially if the patient has been abused with mercury and potassium iod., in which the latter cannot be given in large doses and for any length of time without destruction to the stomach. Nitric acid is indispensable where there is a tendency to ulceration at different parts of the body. In addition to the above treatment, strictly hygienic measures should be enforced, for without this, all treatment, ever so well directed, will prove futile-especially alcoholic liquors should be proscribed, and every other excess. The popular method in this city, by a certain class of physicians, is to send the patient to the Hot Springs as a last resort, after they have faithfully tried venesection on their pockets, to the dissatisfaction of both patient and doctor. Whereas, if they had treated the patient homeeopathically, this expenditure of money and time, and mental torture, would have been prevented, and the practice of medicine respected. Lately we have had several of those so-called incurable cases at our College clinique, and every one recovered rapidly under homocopathic medication.

STREETLING HENDS.

Dr. G. S. Riverson, of Toronto, thinks it is often in consequence of its insidious most and purious character. that the onset of this disease is overlooked. He agrees with Mr. Hutchinson in thinking the subjects of infantile iritis are more frequently of the female than of the make sex. The age of five months is the period of life at or about which swillillife infants are most liable to suffer from iritis. It is often symmetrical, but quite as frequently not so. As it occurs in infants, it is soldon complication. and is attended by hut few of the more severe symptoms which characterize the disease in adults. Notwitissunding the ill-characterized phenomena of scatte inflammation, the effusion of bymph is usually very free and the danger of cochesion of the pupil great. Mercurial treatment is most signally efficacious in curing the diseaso. and if recent, in procuring the complete absorption of the effused lymph. Mercural treatment previously adopted does not prevent the occurrence of this form of iritis. The subjects, though often puny and cachefic. are also often apparently in good condition. Infants suffaring from iritis almost always show one or other of the well recognized symptoms of hereditary mint.

Most of those who suffer are those born within a short period of the date of the primary disease in their parents. It occurs rarely in the primary, more commonly in the tertiary, and most frequently in the secondary stages of the syphilis. Fifty to sixty per cent of all infected suffer from it. The diagnosis depends on the insiduous and painless onset. If there be pain it is usually at night; a moddy, aqueous humor, the existence of gunney tumors, the presence of other eye affections, and a history of chances, skin eruptions, etc. The pupil is contracted as

in other forms of iritis. The treatment consists in the early and persistent use of a solution of atropine (grs. iv, ad. 3j). This gives rest to the iris, and by dilating it prevents central adhesions. Of mercurials he prefers hydrargyrum cum crêta, in grain doses, until slight tenderness of the gums is produced. Occlusion of the pupils, or iritic adhesions, may necessitate an iridectomy.—

Canada Lancet, June, 1880.

IS CANCER INOCULABLE?

Dr. J. L. Sulsserott has found many indications which would lead him to answer affirmatively. Among the most prominent indications is the rapid increase of cancer. For seventy years the mortality from cancer in Philadelphia, has been a little more than eleven deaths in one thousand, of the mortality from all causes-apparently not a large proportion; yet the sum of the deaths from this disease during that period, aggregate six thousand, or more than half the deaths from small pox. During the five years from 1807 to 1811, the proportion of deaths from cancer to the mortality from all causes, was 4.5 per thousand; while in the period from 1872 to 1876 the ratio became 16.4—an increase in sixty-five years of nearly four hundred per cent. In London, from 1845 to 1874, the rate advanced from 3.4 per ten thousand inhabitants living, to 5.7 per ten thousand-an increase of seventy per cent.—Philadelphia Med. Times, Sept. 1880.

HERING MEDICAL SOCIETY.

In pursuance of the circular issued by the friends of the late Dr. Constantine Hering, requesting a meeting of the Homœopathic physicians in every quarter of the globe, on October 10th, 1880, the members of the profession in St. Louis, Mo., met and organized by electing Dr. R. A. Phelan, a former pupil of Dr. Hering, chairman.

REMARKS OF DR. R. A. PHELAN.

On taking the chair, Dr. Phelan delivered a touching address, dwelling on the noble and kindly character possessed by Dr. Hering, in both his social and professional relations. The most methodical habits, in professional, literary and educational matters, were Hering's chief characteristics—these coupled with his indefatigable, never-ending labor, all directed into one channel—the development of Homœopathy—made his life a complete fructification of all his ambitions. The world has never produced a more unceasing, tireless worker, in any department of science. His own work is his most eloquent eulogy, and at the same time his most enduring monument.

BIOGRAPHICAL SKETCH BY DR. W. C. RICHARDSON.

The next thing on the programme, was an interesting biographical sketch by Dr. Wm. C. Richardson. This sketch embraced the most accurate history of Dr. Hering's public life, commencing with the student days, when the great light of Homecopathy first dawned on him, and showed how at that time, as well as in all his after life, he stood fairly in its most dazzling rays, adding to, rather than diminishing its effulgence.

PANEGYRIC BY DR. JNO. CONZELMAN.

Dr. John Conzelman then arose and pronounced a memorial panegyric, full of tributes to the memory of our deceased friend and benefactor.

ADDRESS AND RESOLUTIONS BY DR. J. T. BOYD.

Dr. J. T. Boyd then presented the following address and resolutions, which resolutions were unanimously adopted:

The good that good men do, live after they have passed away. Their acts are like a beautiful perennial plant, shedding its fragrance on all around. It is surely not man-worship to worship what is God-like in man. It is fitting then that we meet around the grave of a good and great man, and lament his loss, and speak of his noble actions performed during life. I come to mingle my tears with yours, and while standing around the grave, to cast my sprig of evergreen into the open grave before us, and to add my tribute to the urn that contains so many excellent eulogies to the worth of our departed master.

He whom we this night lament was no grasping Dives, who had become rich and influential, merely from the amount of gold and bank stock that he possessed. He was no wily politician who had attained to position and power, by pandering to the prejudices of the ignorant multitude. He was no great warrior, "with garments rolled in blood," who owed his eminence to his success in destroying human life. Our hero was a warrior, but his campaigns were against disease and suffering; his weapons were the pen and the pocket-case, and he waged a lifelong contest against the cause of the miseries of life. Forgetful of self, he lived only for the good of others; and through obloquy and poverty, he spent a long life for the good of mankind.

The first dawn of the Nineteenth century came with a

New Year's gift to humanity. On that day Constantine Hering was born. After he had obtained a very liberal education in the classics, at an early day he entered the Medical profession, taking as the subject of his thesis, De Medicina Futura—in which thesis he advocated the law of similars, thus "bearding the lion in his den." How much the future as well as the present, is indebted to his pen, can hardly be estimated, either in this or the immediately succeeding age.

He came to Philadelphia when he heard that the cholera was spreading its baleful wings over that devoted city, and he that could have filled the highest positions in his own country, abandoned all, and cast his lot with a few noble men who were struggling to establish a more rational and successful plan of combating disease; and risking his own life. Casting behind him all the wealth and eminent positions that were temptingly offered, if he would only succumb to the bigotry and intolerance of the age—but he chose rather to cast in his lot with the seekers after truth, than to enjoy the pleasures and patronage of the great for a season.

The best evidence that we can give of the sincerity of our sorrow is, that we follow in the footsteps of him whose death has brought us together this night. Let his devotion to the cause of humanity, and the sacrifices that he made, be ever in view; and at this altar let us take anew the Hippocratic oath, and resolve to labor more earnestly and faithfully to exalt our beloved cause, and to emulate his virtues by devoting our lives wholly to the good of suffering humanity, trusting for a reward in another and a better world.

It is meet, then, that we give some expression of our sorrow, therefore, I would offer the following:

Whereas, The Almighty Disposer of events has seen proper to remove from this life our esteemed friend and beloved teacher, Dr. Constantine Hering, Therefore,

Resolved, That in this afflictive dispensation of Providence we have lost the most able, earnest and devoted friend of Homeopathy, in the United States. "He rests from his labor," but his works will live forever.

Resolved, That we will cherish his memory, and endeavor to emulate his virtues, and to advance the cause for which he labored so faithfully.

Resolved, That in this call we all realize that the time will surely come when we too will be called to lay aside our earthly tabernacle, and to leave all cares and pleasures of this life; may we be so prepared for that event that we can give a good account of our stewardship.

Resolved, That to commemorate his name, and the great benefit his works have conferred on humanity, we this night pledge ourselves to organize and incorporate a Homœopathic Medical Society, under the name of the Hering Medical Society.

Shortly after the memorial meeting, above alluded to, and in pursuance of the resolution then adopted, the Hering Medical Society was duly organized and incorporated under the laws of the State of Missouri.*

The Hering Medical Society is the first legally chartered Homœopathic medical organization, outside of the College, instituted in the State of Missouri.

Its meetings are held twice each month, and with the grandly illustrious name it bears aloft on its banners, promises to perpetuate and continue in the great Southwest the work of the renowned physician whose name it bears.

Book Reviews.

EATON ON DISEASES OF WOMEN.

This is a royal octavo volume of 800 pages, gotten up in the best style of the printer's art. The type is large and clear, the press work above criticism, and the binding superb. So much for the external appearance of the book, and now let us see what it contains.

As is usual, the first thing after the title-page is the preface, and the first thing in it is the author's reason for issuing the book. This thing of publishing one's reasons for getting out a book, is, we think, uncalled for. It is nobody's business why A or B decides to do such a thing, and all the public has to say in the matter, is to weigh the work, and if it is well done, all right, and success is assured.

The next thing is the table of contents, which shows that the author has adopted a new, convenient and systematic arrangement of his topics. He starts out with normal menstruation, followed by the most common disorders of that function; this leads to the inflammatory conditions, and diseases resulting therefrom. After this, he takes up surgical diseases, including tumors, both uterine and ovarian, of all kinds and description. Next—but we forbear. It would take up too much space to give even an outline of all the diseases that are treated of in this book, and we hasten to review, briefly, the manner of treatment.

Our author has taken occasion to say, that the book is not intended as a Materia Medica, hence he only gives the salient points in the indications for the few most prominent remedies that he suggests for each disease. We rather like this unusual feature in a Homœopathic book, and so long as the works on Materia Medica are so numerous and minute, and so universally owned and studied by Homœopathists, specialists in other departments will do well to follow this plan. The local or topical treatment is given in all-sufficient fullness, and seems to be carefully and judiciously selected.

The book is altogether a valuable one, and with only two exceptions has our most hearty approval. The exceptions referred to are the treatment of atresia and pessaries; our friend Eaton will pardon us for recording our objections right here. In the aftertreatment of atresia he follows the usual course of gynæcologists, and uses the conical plug that so frequently renders the operation a

failure, and brings reproach on the operator. The plain Ferguson speculum is the best plug, and makes the operation a success.

In the matter of pessaries, he favors emphatically the use of the abdominal supporter, intra-vaginal stem and cup, and inflated air-bags. Our experience, like the author's, leads us to the conclusion that pessaries are perhaps used too often, but when indicated, we find that of all of the numerous tribes of these instruments he has cast his lot with the worst.

Abdominal supporters are well enough for the abdomen, but they will not do for the uterus. Stem pessaries are rigid, uncomfortable, painful, and only in some exceptional cases do we ever find them indicated. Air-bags or globes of any description, distend the walls of the vagina, destroy its tonicity, and thus actually rob the uterus of one of its natural supports.

The book is well indexed—an important item—is well arranged, covers many more subjects and diseases, than any other treatise on Diseases of Women, that we know of; and Dr. Eaton merits the thanks of the profession for his effort.

W. C. R.

FAT AND BLOOD AND How TO MAKE THEM. By S. Weir Mitchell, M. D., etc., etc., etc. Published by B. Lippincott & Co., Philadelphia. Price \$1.25.

This is a small 8vo. volume of 106 pages, gotten up in good style and filled with some most excellent advice in the treatment of dyspeptic patients and those suffering from nervous diseases. The name does not properly indicate the subject. This little book is an epitome of a plan of treatment undoubtedly useful to physicians of all schools, in so far as it relates to rest, seclusion, electricity and massage; this last is an improvement on the Sweedish movement cure. But his medical treatment is wretched; think of giving "dialysed oxide of iron in nine grain doses four times a day; strych. sulph., one-thirtieth of a grain three times a day, kept up for several months, together with the iron and malt!" It is evident that the patients recovered in spite of the medical treatment.

However, the Homoeopath would be benefited by reading this work, as he would easily see the remedies indicated, and would not need to resort to such gross medication.

J. T. B.

THE LAWS OF THERAPEUTICS. By Joseph Kidd, M. D. Published by Lindsay & Blakiston, Philadelphia. Small 8vo., 200 pages. Price \$1.75.

This little work is from the pen of an English physician. It is on "the rational Homeopathic" plan and in size of the dose, and the use of "adjuvants," is very nearly allied to allopathy. The title of the book should have been rather *The Institutes of Medicine*, as the author dwells more on the philosophy of medicine and its history, than on therapeutics. "The dose in fact, in similarity, must be moderate, less than the dose which produces the full physiological effects, still not too small or it may prove useless."

The author then gives several cases that he treated successfully, and from reading them, one would harly think that the treatment was Homocopathic; at least not as we understand it in this country; still there are some valuable thoughts in this book, and it will repay the perusal.

J. T. B.

Is Consumption Contagious? By Herbert C. Clapp, A. M., M. D., Physician to the Massachusetts Hospital, Editor of the New England Medical Gazette, etc. Published by Otis Clapp & Son., Boston. Small 8vo., 178 pages. Price \$1.25.

This is a most excellent work on a disputed point. The author handles the subject in a masterly manner. Every physician should get this little work and study it, for no physician will regret the time spent in its perusal.

The author freely examines all the arguments pro and con, on this vexed question, and his conclusion arrived at after careful study, will help young physicians to form an correct opinion on a difficult subject.

J. T. B.

TRANSACTIONS OF THE AMERICAN HOMEOPATHIC, OPHTHALMO-LOGICAL AND OTOLOGICAL SOCIETY. Fourth Annual Meeting, held at Milwaukee, June 16th and 17th, 1880. Price 50 cents.

This is one of the best reports that we have had the pleasure of perusing for a long time. The articles contained are all original and instructive. The history and work of the late W. H. Woodyatt, M. D., is worth the price of the report. Any physician in search of knowledge on diseases of the eye and ear will find it a profitable investment to send the Secretary, F. Park Lewis, M. D., Buffalo, N. Y., 50 cents and receive a copy free by mail. There are a number of articles by well known gentlemen, viz: Notes on the Action of Duboisin, Chas. Drady, M. D.; Amblyopia Nicotina, Geo. S. Norton, M. D.; A Peculiar Sclero-Corneal New Formation, Alfred Wanstall, M. D.; Aural Therapeutics, F. Park Lewis, M. D.; Symblepharon, D. J. McGuire, M. D.; Reflex Aphasia from a Glaucomatous Bulbus, Alfred Wanstall, M. D.; Conjunctivitis Diphtheritici, J. H. Buffum, M. D.; Conical Cornea, J. H. Winslow, M. D.; Pathological Contribu

tions, J. H. Buffum, M. D.; The Colton Drumhead, J. H. Buffum, M. D.; Anomalous Case, C. H. Vials, M. D. J. W. T.

THE PHYSICIAN'S MEMORANDUM BOOK. A weekly visiting list with clinical columns and ledger sheets. Address Joel A. Miner, publisher, Ann Arbor, Mich. Price \$1.00.

This new visiting list has all the general advantages of books of its class; its size is that preferred by most physicians, and its variety of blanks covers all that is usually required in such books. It is good for any year and any time of the year, and more or less than a page can be used each week.

The page facing the weekly record in most books is substantially a blank one for any memoranda. In this book, this second page may be used for any purpose for which a blank page may be used. The columns are made by blue lines and are disregarded when the space is wished for other memoranda. Many times homocopathic physicians use the columns (seven in number) for a daily record of the medicines given out. It is one of the very best published.

W. C. R.

A New Index Rerum, arranged to minimize the labor of indexing and to classify all indexed subjects. Price \$1.75. Joel A. Miner, Ann Arbor, Mich., publisher.

The general advantages of using an index rerum are easily set forth. For students and professional men it preserves a ready reference to all that is valuable in their reading. It arranges in one place all related references, so that when consulted, it brings to mind all of one's reading upon that subject, and thereby secures a fullness of information otherwise impossible. It provides against the large lapses of memory inevitable to all brain workers. It keeps the fund of one's knowledge a constantly accumulating one, as no valuable fact or thought can pass beyond his power of recall. It gives the student a chance to apply to his reading the serviceable habit of review.

No methodical worker can afford to be without an index rerum and this is one of the best published.

W. C. R.

TEETHING AND CROUP. By W. V. Drury, Lomdon. Enriched with notes by T. C. Duncan, M. D. Duncan Bros., publishers, Chicago.

This is a small book of 58 pages, treating in a very luciner the two diseases considered. It is well worth a

Managing Editor's Easy Chair.

In addition to what has been said in our "Salutatory," we desire to inform our numerous friends who have made inquiry, that the Courier is not called into existence as the organ of any faction, college, or clique. It will always champion homeopathic medicine, and from this, its chief aim, nothing shall divert it. Having declared our purposes, we take the liberty to publish the following extracts from letters received from our friends:

I have your circular and am glad to know that we are to have a journal superior to any now published. What we want is better rather than more journals, and if you make one that is better we will excuse you even if it gives one more. I shall await your Courier with interest.

I. T. Talbot.

Your favor announcing the issue of a new journal asking me to write for you just received. While I fail to see the need of so many journals as we have in this country for the benefit of homeopathy, I say to you, as I say to all, I will do what I can in behalf of the best. If you make such a journal as your plan calls for, I shall be pleased to do what I can for its spread by pen and voice. Give us a scientific treat—things above traditions and fancies.

J. P. DAKE.

I will try to have you an article ready for the first number in January.

E. C. FRANKLIN.

I hope your ambition will be fulfilled and that you may make the journal all you predict. Certainly, such a journal as that you propose to inaugurate is needed and its success will amply attest the mission of its founder.

E. A. GUILBERT.

It had been my intention to retire from journalism, and perhaps your appeal will keep one lingering on the stage when he should have left it. I may not be wholly useless to you in your enterprise. Sam'l A. Jones.

I have no time to write at present, but will promise you something in a future number of your journal. Wishing you every success, I am yours, etc.,

T. E. ALLEN.

Allow me to congratulate you on your enterprise. The editor of one of our latest and best "Obstetrics" cannot fail to give us a journal worthy of himself and his school. I shall be glad to aid you as far as I am able.

F. PARK LEWIS.

I am in receipt of your letter of the 30th inst, and will endeavor to write one or two articles for your new journal. Wishing you success in your work, I am yours fraternally, S. R. Beckwith.

I will contribute.

A. MCNEIL.

I am much gratified to learn what I do from your favor of the 16th inst. I will be glad to aid you if I can.

A. C. COWPERTHWAITE, M. D.

I shall be glad to give you a paper shortly. In the meantime receive my thanks for your flattering request and best wishes for your undertaking.

J. G. GILCHRIST.

BOOKS TO APPEAR.

A new work on minor surgery by Dr. J. G. Gilchrist is now in press and will shortly be issued.

The same author is hard at work on another book on "Surgical

Emergencies," which will also appear very soon.

There is in preparation a new book entitled "The Homeopathic Physicians and Surgeons of America," edited by Henry M. Guernsey, M. D., and Joseph C. Guernsey, M. D. "The object is to present a comprehensive and compact epitome of homeopathic labor in this country. Naturally biographical in form, the record will include only such biographical detail as is absolutely necessary, but will be full on all points of professional interest.

"The education of a physician, his original provings and methods of treatment, special line of practice, and medical writings, with

particulars of publication, will be carefully noted.

"A local index will offer a ready directory by which practitioners may guide patients, about to move or travel, in search of the best advice at any point."

We hope and believe this book will not prove to be an advertising dodge for the purpose of personal puffing, like biographical

efforts heretofore have usually degenerated into.

Dr. Geo. F. Adams, of 311 N. Seventh street, is preparing and will shortly issue a new book on the Turkish bath. If the Doctor's book proves as good as his baths, which we have frequently enjoyed with benefit to our health, it will be very useful.

Duncan Bros. are about to issue a new edition of Ludlam's Diseases of Women. From the author's acknowledged ability, and from advance pages received by us, we predict a grand book. It is to be freely illustrated.

We are in receipt of the following note:

OFFICE C. A. HARVEY, JR., 409 M. STREET, N. W. WASHINGTON, Dec. 10, 1880.

Dear Sir:- For the purpose of statistical information of a valua-

ble character I would earnestly request to the following questions:

Do you infer from your professional experience that rheumatic troubles are caused by an acid in the blood?

Is it your opinion that the acid is uric?

Answer by postal card.

C. A. HARVEY, JR.

SOCIETY TRANSACTIONS AND ITEMS.

We note the following in the Advance:

"Transactions of the American Institute of Homozopathy, 1880.— It seems like old times to have the proceedings of this society placed so promptly in our hands. Thanks to Secretary Burgher that we have the volume so soon and in such admirable shape. The present form is a great improvement over the method of publishing previously followed. The present year's work is something to be proud of. We expect, with a continuation of the energy displayed in getting out this report, to find the membership largely increased. This book alone is worth twice what it costs to join the Institute."

These flattering and eulogistic remarks may be all well enough as a personal acknowledgement to the Secretary, but for the life of us we can't see that he officially merits any thanks. He is paid roundly for doing a work that has occupied him four or five months, and which could have been done in two, or less,

We know of half a dozen organizations which have their transactions published (some of them quite twice as voluminous as those of the American Institute) in as good, or better, shape, year after year, in from six weeks to two months after the adjournment of the sessions.

We do not wish to be understood as hypercritical in this matter, but we are plain and outspoken. Considering the fact that the articles submitted to the several bureaus are always gotten up in the best style their respective authors are capable of, for the meeting of the institute is a grand occasion and members invariably do their best in the way of diction, chirography, etc., there absolutely remains nothing but for the Secretary to get up the minutes, and in this he is assisted by a stenographer.

The members of the Institute have been shamefully abused in the past, something that no business organization would have ever submitted to. The present Secretary has done better than his predecessors and we believe he can still improve, at least let him try. Transactions of the World's Homœopathic Convention, 1876.—"Dr. J. C. Guernsey writes us that he is hard at work upon the above volumes, and that one of them, the historic, is all in type, excepting only the chapter on "literature." He fully expected this volume would be issued by December 1st, but it has taken a much longer time to procure and complete the many missing links in this important work than he anticipated. Meanwhile he has had seven hundred and five pages of proof struck from the stereotyped plates of the remaining volume."

"The profession will thus see that the work is well forwarded, and that the volumes will, in due time, be ready for distribution to all those who are square in their accounts with the treasurer of the

American Institute of Homocopathy."

This piece of news must be gratifying to the outraged members of the Institute. Think of it, five years in which to get out a single volume!

Two or three parties have been paid to work on this book when one man could have got it out in less than a year.

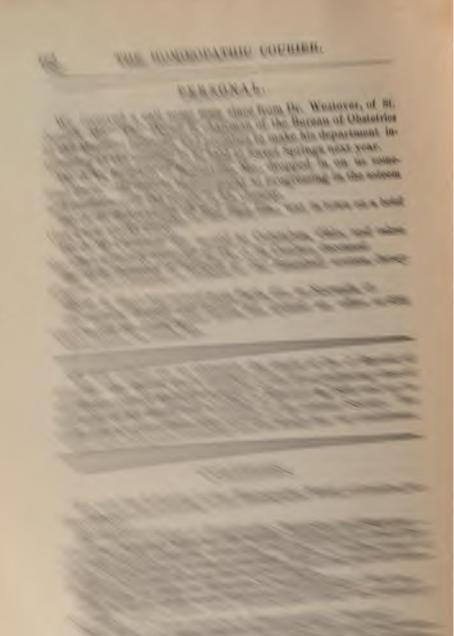
Why is the Institute taxed with the extra expense of stereotyping? Is it intended to print another edition of this rare book on the occasion of our next centennial? Hardly, we think, for the first edition will not, from present appearances, be old by that time.

The meeting of the Canadian Institute of Homeopathy was held in the Court House at St. Thomas, on Wednesday, October, 27, 1880.

The annual meeting of the Vermont State-Homocopathic Medical Society was held at Montpelier, Oct. 20 and 21. The meeting was called to order by President Brigham.

The International Homeopathic Convention in 1881 will assemble in London on July 11, and a cordial invitation has been extended to American physicians to attend. The undersigned were appointed by the American Institute of Homeopathy a committee, with full powers to make arrangements. In order to do this in the most satisfactory manner, it is important to know the approximate number of those who will attend. By communicating at once to one of this committee the names of such physicians as now intend to go, and the number to accompany them, the work will be facilitated.

I. T. Talbot, 66 Marlborough Street, Boston, Wm. Tod Helmuth, 299 Madison Av., N. Y., Bushrod W. James, 18th and Green streets, Phila.



Physicians of London. When established it is proposed to proceed

to obtain a royal charter or the same.

How much longer is Homeopathy to be kept out in the cold? We invite a free discussion of the whole subject on the broad grounds of liberty in science and proper protection for the homeopathic public against incompetent practitioners.

Homocopathic Medical College of Missouri.—The twenty-first reguular course of lectures in this well known institution is being attended by a large and appreciative classs. The dispensary in connection with this school is a great advantage in the way of affording opportunities for clinical instructions.

A New Degree.—"Among the by-laws adopted by the Homosopathic Medical College of Missouri, under the recently amended charter, were the following, viz:

"There shall be two degrees conferred by this corporation: first, the usual degree of Doctor of Medicine; and, second, the degree of Master of Homeopathic Medicine.

"The applicant for the degree of Doctor of Medicine must be twenty-one years old; he must have studied medicine under the instruction of some reputable physician for three full years, including the time spent in attendance on college lectures; he must have attended two full courses of medical lectures and dissections, the last of which shall have been in this college, and must have a good reputation and character.

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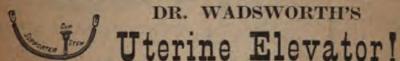
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CONTENTS,

Abstracts of Current Med. Literature 325 Electrology and Neurology.	
Melancholia Inflammation of the Great Sciatic Nerves 337	Rem
Society Transactions	Hon
Book Raviews	Cass

Managing Editor's Easy Chair	
Resignation	l
American Medical Association Lash37	ı
Personnia	
Removals	
Homocopathic Scelety Meetings 378	ı
Case for Advice	į

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(OVER.)

DURING THE PAST YEAR

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(See previous page.)



Office of HOMEOPATHIC COURIER,

No. 721 Chestnut Street.

St. Louis, Mo.. Sept. 29th, 1881.

Wishing to enlarge our exchange list, we herewith mail you a sample copy of a recent issue of the HOMŒOPATHI(' ('OURIER, and shall be pleased to have you exchange with us.

If you decide to do so, send us your paper, and on receipt of the first copy, we will place you on our mailing book.

Respectfully,

WM. C. RICHARDSON,

Editor.

The diagnostic signs furnished by auscultation between organic and functional diseases are as follows:

In functional disease we may have, as we before observed, the purring sound, but this is where there has been a large or protracted hemorrhage, the vessels are not so full, and therefore, according to well-known acoustic laws, there would be more or less noise, and a perceptible thrill communicated to the hand when applied over the top of the chest.

The same would occur in anæmic persons from a similar cause, which together with the pallor, small, quick, jerking pulse, would determine the case.

In organic disease, all auscultatory signs are more permanent. In ossification of the aortic valves, there is a distinct sound of regurgitation, from the imperfect closure and shortening of the valves. This regurgitation is immediately followed after the systole of the ventricle.

In induration or ossification of the mitral valves, there is a distinct clack, and the hissing sound, during the contraction of the ventricle, as if the blood was forced through a small opening, surrounded by dense tissue.

In dropsy of the heart, the sounds are less distinct, as they have to pass through a quantity of water, this deadens the sound, and the impulse is less, all giving the idea that the heart is *farther away* than natural.

"Briefly to mention the symptoms of organic valvular diseases of the heart, they are, cough, copious watery expectoration in many cases, dispnæa, orthopnæa, frightful dreams and starting from sleep, ædema of the lungs, pulmonary congestion and apoplexy, passive hemoptysis, (i. e. sputa stained with dark or grumous blood, which occurs especially in great contraction of, or regurgitation through the mitral valve), turgescence of the juglar veins, lividity of the face, anasarca and dropsies in general etc." *

"Pain in the heart, and near it, is frequently a pure nervous symptom. It has already been stated that this, when acute, is more frequently a nervous sensation than a sign of organic disease. It is in some cases a pure neuralgia, sharp and lancinating, and extending from the spine to the neighborhood of the heart, or along the ribs and to the epigastrium. Sometimes it alternates with pain at the latter situation, or with other disagreeable sensations. In other instances there is general soreness about a large portion of the chest, especially in the neighborhood of the heart. All, or any of these sensations may coincide with positive organic disease, but not necessarily so, they may be perfectly independent of it, and of no real danger, although causing extreme annoyance to the patient."†

^{*}GERHARD.

⁺ HOPE.

This must not be confounded with angina pectoris, which is a more serious disease.

Persons afflicted with pain in the region of the heart, at once conclude that it is angina pectoris, and are in constant anxiety and fear of death, and by thus keeping their minds constantly on their condition, it increases the disturbance, and may ultimately cause what was at first a mere temporary nervous disturbance, as rising from flatulency or dyspepsia, to assume a much more serious condition.

The best description of angina pectoris, is from Da Costa and is as follows, viz:

"Although the nature of the complaint may be hidden, the symptoms are obvious enough. We do not know what the precise causes of angina are; but we do know that they occasion paroxysms of the most intolerable anguish. These paroxysms come on suddenly and pass off suddenly. Their main feature is an agonizing pain in the præcordia, as if the heart were being firmly grasped by an invisible hand, or as if it were being torn to pieces. The pain however is not limited to the cardiac region it radiates in various directions, shooting to the back, to the neck and especially to the left arm, But this is not all; worse than the pain are the intense anxiety and the feeling of impending death. The heart palpitates during the fit; and yet, if we judge by the character of the pulse, its movements are not materially disturbed. The beat of the artery at the wrist may be small, may be weak, may be irregular, may be accelerated; but it may also be full, be strong, be regular, and not increased in frequency. The face is generally pale; difficulty in breathing, contrary to what might have been expected, is not a prominent symptom, and is often wanting.

The duration of the fits is as uncertain as the causes which excite them. They may cease in a few minutes;

they may last upwards of an hour. They come on rapidly, without any assignable reason; they are reproduced by bodily ailment or by exertion or mental irritation."

TREATMENT.

In general, all sources of stimulating, rich, or indigestible diet must be at once abandoned, and in all cases a quiet habit of life should be observed. Everything calculated to produce violent emotions of grief, anger, joy or depressing mental manifestations, must be avoided.

In plethoric persons the following remedies will be found useful: Veratrium viride, aconite, bromide of ammonium.

In anæmic persons on the other hand, a more generous diet may be used; moderate exercise in the open air and everything tending to restore the assimulative organs, and to increase the standard of health. The remedies to be consulted are: China, cuprum, ferrum, mineral acids, and the hypophosphiles of lime or soda, nux vom., ignatia, etc.

In cases where the disease is symptomatic of some disease existing in some other part of the body, the appropriate remedies, peculiar to such diseased organs should be studied; as pulsatilla, platina, sepia, gelsaminum, cimicifuga, nux muschata, etc., for uterine difficulties. Other remedies that may be studied with advantage are: Digatalis, collinsonia, phosphoric acid, bromide of potassium, sanguinaria, prunus virginiana, cactus grand., etc.

In purely functional or sympathetic disease, these remedies will act sometimes like a charm, curing permanently some of the most alarming cases. But when the disease is organic, especially if it is of long standing, little can be hoped for from the use of remedies, and yet, in some of apparently, the most hopeless cases, great relief has resulted from the remedies here indicated, and useful lives prolonged.

Tranquility of both body and mind is a sine qua non, in the treatment of all diseases of the heart.

The afflicted person should avoid all places where the mind is much disturbed, the theatre and the church alike, especially the latter during a period of exciting revival.

During the paroxysm of angina pectoris relief must be obtained immediately, if not, the young physician will be superceded by an other, or older practitioner.

Hot fomentations over the breast, and inhalations of ether or nit. of amyl, promises the most speedy relief. During the interval, some of the following remedies may be given with hope of success:

Aconite, especially in phlogistic persons.

Arsenic, especially in malarious districts, and where the disease assumes the periodic character, nux vom., digitilis, cactus grand., glon., spigelia, etc.

ABSTRACTS OF CURRENT MEDICAL LITERA-TURE.

In the January Number of the St. Louis Clinical Record, the editor, Dr. Wm. B. Hazard, one of St. Louis' most eminent allopathic physicians, shows his manly independence and gives that Procrustian bed code of ethics, that has governed (trammelled) the better class of allopathic physicians, the grand bounce as follows, viz:

* * * "The fruits of this "code of morals" show for themselves the fact that we have heretofore stated: that the code has outlived its usefulness; it is no check upon the vicious, and the decent practitioner has no use for it; its prohibitions are such that grown men ought to feel ashamed to be asked to subscribe to them, and, finally, no reputable or cultivated gentleman has any

need for it. As it stands, it is a monument to the puerility of our professional ancestors and their puny descendants. We shall see the day when a truly national medical association will be established upon a purely scientific foundation; one in which village gossip or private malice shall not have power to blast the fairest reputation; one to which achievement in science shall be the passport and in which the arts of the pot-house politic shall not be omnipotent. When that day comes the weaklings, the "prostitutes masquerading as honest women," like our attenuated critic, shall keep to the street where they belong and hold converse only with their peers."

We are gratified to see such independence in our allopathic brethren and look for the time to come when Dr. Hazard will be as free to quote from homœopathic journals and text books as we are to quote from allopathic works.

"No pent-up Utica controls our powers The whole boundless continent is ours."

The ridiculousness of one feature of the code, is that of refusing to allow their members to consult with members of another school; as was manifested in the case of Dr. Kidd, of London, with regard to the sickness and death of Lord Beaconsfield. No allopath would consult with Dr. Kidd, who stands head and shoulders above those who refused.

There was a time when allopathy thought, that by this code they would stamp out irregular medicine, but their success is not apparent just now to any alarming extent.

Their stamping is like the drunken men in the song, stamping in the gutter and counting the strokes of the clock; the stamping only defiles their own clothes, and renders them ridiculous to all sober observers.

A FAIR DESCRIPTION OF ALLOPATHIC PRACTICE.

General Taylor at the battle of Buena Vista, when told by one of his corps commanders, that his army was being decimated by the enemy, replied: "Let us look at the enemy and see his condition."

They did look, and found that the forces of Santa Anna were nearly demoralized, and from this the wily old Rough and Ready concluded that victory was in his reach and gave that immortal order, "a little more grape, Captain Bragg," and soon the victory was won.

In the warfare of light against darkness, progress against bigotry and intolerance, there is a disposition to weaken the efforts of the army of right by dissentions in their own ranks, and this disheartens those who are laboring to erect the noble superstructure.

While the rank and file of the homœopathic army are contending and weakening its strength by dissentions on the subject of attenuations and potencies, and the fainthearted are disposed to falter, let us take a look at the army of the enemy.

In *The Clinical Record* of this city, one of the most ably conducted of our allopathic journals, we find in the March number, a well written article by Dr. R. A. Armistead, which we here reproduce to show the demoralization of the opposing army.

The article is headed:

MODERN MEDICINE AND MEDICAL PRACTICE.

BY B. A. ARMISTEAD, M. D.

I propose to offer a few thoughts upon the subject of medicine and its practice as presented to us in this marvelous age of invention and transcendent progress and civilization, and I wish it distinctly understood that I do not design what I shall say as an attack upon the learned profession, but, on the contrary, I simply wish to present my views in the form of an expose of what I conceive to be evil practice legalized. If I did not believe there was

truth in medicine I certainly would not practice it, and yet candor compels me to say that I think truth and error are so equally blended that the world would be nearly as well off without doctors as with them. Where there is one physician who cures his patients, two may be found who kill theirs, consequently, if there were no practitioners some who now get well would die, and others who die would get well, and the percentage of fatal cases would be no greater than now. This is a sad commentary on the practice of medicine, but it is my honest conviction, and I think the subject should be gravely discussed instead of being covered up under a morbid professional courtesy whilst hecatombs are daily sacrificed upon the altars of ignorance and a multiplicity of false theories.

Medicine should repose upon facts, the offspring, of experience and not upon theories, as is so much the case now.

Is medicine a science? This is an important question, and should have been settled long ago, but like everything relative to medicine, remains in dispute. A science always proves itself and leaves no room for dispute; then medicine can not be called a science because it has not within its whole domain an undisputed truth or principle. Medicine stands related to the sciences, but, fer se, must take its place with the arts.

Medicine, as presented to us to-day, is nothing but a bundle of theories as diverse as the leaves of the forest, and as diametrically opposed to each other as the poles. It is nothing but a strange conglomerate of truth and falsehood so intimately blended, that there seems to be no prospect of ever unraveling it. The only guide a physician has is his experience. Should he be a close observer and a good reasoner he will become a successful practitioner, but should he, unfortunately, embrace a theory, he will only become a patron of the undertaker and gravedigger.



In a legal point of view, it is becoming more and more difficult every year to tell what mal-practice is, because in the regular profession (which has set itself up as the standard in such cases) may be found a precedent for the most absurd and destructive practice as well as the most contradictory, outraging both reason and common sense. Allopathic "medicine" may be compared to an army with an independent commander for each brigade, which of course, would fall an easy prey to a well disciplined enemy, which accounts for the increase of the irregulars all over the country.

Homeopathy has its shibboleth, and, indeed, all other pathies, but the only rallying cry of "Allopathy" is "quack quack; down with quackery," and yet, if there is any remedy which it does not advocate for the same disease, from water of all temperatures up to alcohol, and from starvation up to cramming with food, I can not call it to mind.

Is the divine art of medicine, then, advancing? I answer, it is ever advancing or retreating, and, of course, eternally on the march. The misfortune is, that it never stops, either in its advances or retreats, until it makes itself ridiculous. The medical art has advanced in physical diagnosis to such a degree that it has become a great deal more respectable and fashionable to permit the symptoms of a disease to proceed in their regular order that they may be traced from their incipiency to the fatal termination, than to cut the disease short or to cure the patient. The physician who can trace from day to day the symptoms in pleuritus and tell with precision when and where effusion has taken place, then verify his diagnosis with his trocar and let his patient die, is much more popular than he who not only locates the disease but promptly arrests the inflammation before it terminates in effusion and saves his patient. The morbidly scientific physician may diagnosticate his patients to death by his long and too frequent examinations, but it makes no sort of difference, he will still be looked upon as a most wonderful man in his profes-And why should it matter if his patients die, so he

can tell what kills them, and illustrate beyond a doubt that death commenced in the head or in the lungs, heart, stomach, or perchance, in the intestinal canal.

I once had a very sick fever patient over whom a consultation was held. I had taken accurate note of the pulse rate and temperature before the doctor arrived, and was prepared to witness the effects of his examination, which lasted about half an hour. After he was through I found the pulse had gone up from ninety-eight to one hundred and twelve, and of course there was a corresponding increase of heat. In this case the patient's safety was jeopardized by the protracted examination, which developed nothing new and was unnecessary. And thus diagnosis, which is of the utmost importance and indispensable, is being converted into a grave evil in the hands of such physicians. The great bane of the profession is, its continual tendency to run into extremes. Like the pendulum of a clock, it must vibrate forever between Scylla and Charybdis, there seems to be no middle ground upon which to rest. But the most wonderful somersault that has ever been performed in the practice of medicine since the days of Hippocrates has taken place in the department of therapeutics. It consists in the complete substitution of the stimulating plan of treatment for the antiphlogistic. Stimulants have entirely superceded depleting and cooling remedies even in the most violent fevers and inflammations, They answer equally well to bring down or raise the pulse or temperature. And thus the practice of medicine has at last been reduced to its lowest denomination, and its functions may be performed as well by a man without brains as by one with brains, as all he has to do is to give plenty of quinine and whisky, and be sure to stuff his patient with some kind of food regardless of the condition of the stomach. There is no possible chance for the doctor to make a mistake unless he gives too little,

To illustrate this practice I will relate two cases. The first was one of typhoid fever to which I was called about

the seventh day of her illness. I arrived at 9 A. M. after the attending physician had made his morning visit. I found the patient with a pulse so rapid that it could not be counted, intense heat and delirium prevailed. She was taking five grains of quinine every three or four hours and drinking brandy and milk ad libitum, and being thirsty she took it freely, but fortunately she would vomit every thirty or forty minutes. I was told by the nurse that she had not slept for five days and nights. Feeling confident that something would have to be done speedily or death would be the consequence, I ordered the brandy milk and quinine discontinued, but gave her nothing until she had thrown up all the milk, which was in large cheesy lumps that would have required the stomach of an ostrich to digest. In the mean time I had the entire body sponged frequently with warm water, which had a most soothing effect and reduced the heat. As soon as the stomach became quiet I gave three drops of Norwood's tincture of veratrum viride, which produced slight nausea but no vomiting; the dose was then reduced to two drops every three hours, which produced excellent results. At night when the doctor returned, the pulse could be counted and was a hundred and thirty. I had substituted beef tea for the milk and only gave a tablespoonful every two hours. At night we gave a dose of Dover's powder which produced several hours' sleep. The next morning the pulse was a hundred and twenty and the heat still farther reduced. Two grains of quinidia were now given every two hours instead of quinine, which had produced almost total deafness, and in two days the hearing was entirely restored and the pulse reduced to ninety-five. No more brandy or whisky was given until approaching convalescence when the perspiration became profuse. During convalescence she drank pure crab-apple cider with great relish and the best effect. I wish I could always get it for such patients. This patient made a rapid recovery, and I shall ever believe she was saved by the radical change of treatment.

The second case was a young man who had been sick at least two weeks. I found him taking large doses of quinine and whisky and as drunk as Bacchus. By making a short temperance speech I prevailed on the attending physician to "taper him off" and sober the poor fellow, which was done, and he recovered in due time. I asked the doctor what he most relied upon to reduce fever? He replied, whisky and quinine. Then, said I, in the event you wish to raise the pulse, what do you give? Whisky and quinine, of course, said he. If such practice is not a complete burlesque on the profession of medicine I cannot divine what would be, for, to my mind, it makes it look pretty ridiculous.

That alcohol is a good medicine none can deny, but it is like a great many potent remedies, capable of doing immense mischief if improperly used. That it is now being terribly abused as a medicine I have not the slightest doubt, and as a remedy in the hands of physicians I believe it has killed more patients within the last seven years than were destroyed by blood-letting during the zenith of its glory and the long time it was so fearfully abused.

The great objection urged against bleeding is, that it impoverishes the blood by diminishing the red globules and thereby induces anæmia. It is indeed strange that such an objection should be urged by any well-informed physician when the battle-fields and hundreds of puerperal cases prove its entire safety, by demonstrating how readily the system, under proper treatment, generates new blood after the most profuse and exhausting hemorrhages. Blood-letting is the most powerful promoter of absorption known to the profession, and it is upon this principle that it gives such signal relief in local congestions and inflammations.

Whilst the whisky doctors are so terribly afraid of bleeding, they are offering up hecatombs of victims on the altar of their fiery god, alcohol. According to this stimulating theory we have no further use for the many and learned volumes written on materia medica and therapeutics, since by one grand retrograde movement it has reduced the whole thing down to whisky and quinine, and rendered it possible for an individual with hardly three ideas above an oyster to practice medicine. It is high time that the profession should cease its railings against quackery and mal-practice, and it would cease to be a wonder that irregular medicine "flourishes like a green bay tree." For my part, were I reduced to the alternative of choosing between them, I would prefer the steam doctor, because his therapia embraces at least four remedies, to wit: lobelia, composition tea, cayenne and steam, each good in its place. I would prefer the Homœopathist because there would be no danger of his killing me, and he would at least give Dame Nature a chance to try her canny hand. The Episcopal church should add the following item to its profoundly solemn litany: "From the evils of alcohol and whisky doctors, good Lord, deliver us." For if ever a special Providence interferes in the affairs of men, now is a most propitious time to bestow a wonderful blessing upon poor afflicted humanity.

But the divine art of medicine has made astounding strides in another direction. It has given to its nomenclature what may be termed a fungous growth, on account of its rapidity. New words are daily being substituted for old familiar terms, and the ities, ologies and multiplied scopes have taken a wonderful scope, and would now fill a respectable-sized volume. Our vernacular tongue is not refined and expressive enough to suit the lisping twaddle of the would be learned of the profession, and all the French phrases that can be brought into requisition are being woven into the medical literature of the day. French weights and measures have been introduced, for what purpose it is hard to tell, and the lives of the people still further jeopardized from the mutiplied dangers of mistakes. Medical dictionaries should now be published like the United States Dispensatory, every two years. But there is hope that as the practice of medicine

has been narrowed down to two remedies (whisky and quinine), good may spring out of evil, and this word-making propensity man may be checked, for under the new regime we have but little use for old or new medical terms and phrases.

There is another peculiarity about this modern practice worthy of note. According to the reports of its votaries they are the most successful practitioners that ever lived, and yet the graveyards, as true as finger boards, flatly contradict their statements, for these receptacles of the dead always look as if they had just been plowed up.

There are those so reckless as to advocate the external use of cold water in measles, and absolutely affirm that it acts like a charm, and is one of the greatest discoveries of the age. Now I might have believed these statements, and been silly enough to have tried it, if I had not seen this practice tested years before it was thought of by any physician. It happened on this wise: In the month of July the measles broke out in a family of four, husband, wife, and two children, living in the country nine miles from the city. The neighborhood physician was called in and pronounced the disease scarlet fever, and forthwith began to sponge with cold water. In forty-eight hours he had killed the mother and infant. Of course, a panic ensued, and I was sent for to see the oldest child, which took the disease last, but which, unfortunately, had been treated in the same way, and was entirely insensible from congestion of the brain and lungs. As soon as I got the history of the cases, it was plain enough that the disease was measles, for they were all taken with well-defined catarrhal symptoms. The child died the next day, and in a few weeks the doctor left the country, and should have left the profession, but he still hangs on and is making a living, for he can give whisky and quinine as well as anybody, and if his patients die he has plenty of good company, and they die according to law and an approved theory.

TO PREVENT THE SPREADING OF SCARLET FEVER.

J. DAVIDSON, M. D.

The following rules have received the sanction of the highest medical authorities, and when faithfully carried out have been found effectual in limiting the contagiousness of scarlet fever. At the same time it should be remembered that it is also epidemic as well as contagious, and cases frequently occur where contact has not taken place:

1st. Prompt removal of the healthy from sick children, even members of the same family, as far as possible.

2d. The destruction or complete disinfection of every article that has come in contact with the sick.

3d. If possible, the patient should have a separate room, into which none but nurses are admitted.

4th. Remove from the room useless furniture, as musical instruments, book-cases, cupboards, and everything which can collect dust and dirt, as window curtains, and above all woolen or heavy drapery, carpets, etc. The contagious germs are deposited as a fine dust, on woolen goods and carpets especially, and will retain the vitality of the poisonous germs for a long period. Never allow the patient to expectorate on the floor or on carpets; use spittoons containing a disinfecting fluid. The secretions of the mouth and nostrils are heavily charged with poisonous germs, and when dry and deposited on the floor or carpets, have the power of reinfecting almost indefinitely.

5th. Ventilate the room by an open window at the top, or if very cold weather, ventilate the adjoining room, the door between being left open, but protect the patient from direct drafts of air.

6th. Keep the patient clean, changing under clothing often, and every article used by him should be thoroughly

disinfected. The expectoration and other discharges should be received into vessels containing disinfecting fluids, chloride of lime, one-half pound to a pail of water; or carbolic acid, two ounces to a pail of water, and should be immediately removed and buried. The underclothing should be in one of the above fluids an hour or two and then washed in very hot water in tubs used only for this purpose. Water at the boiling point promptly kills the fever germs.

7th. Instead of using pocket handkerchiefs about the patient use pieces of cotton or linen, and burn them when soiled.

8th. The sweepings and dustings of the rooms should be destroyed by fire.

9th. The nurse's clothes and hands should be disinfected and washed in one of the fluids as above, frequently.

10th. Dry the clothing after washing with a high degree of heat, and then give them a thorough airing in the cold air. Extremes of heat and cold destroy the fever germs.

11th. The convalescent should not mingle with the healthy in less time than a month from the beginning of the attack. The room he has occupied should be thoroughly cleaned and disinfected, and repapered or painted and the windows and doors be allowed to remain open a long time.

12th. The patients should be separated as much as possible from each other in the same house, as they reinfect each other and add to its malignancy. Deny to all children admittance to the house, and all visitors except nurses, until the complete disappearance of all symptoms of disease of the throat and skin.

Finally, all display should be prohibited at the funerals of those who have died of scarlet fever. Children should not be allowed to be there, and the opening of the coffin in the presence of friends should be avoided.

In conclusion, if these rules are observed at the homes of the sick, healthy adults, with no family of small children at home, need have no fear in giving aid and nursing in afflicted families, as scarlet fever in the adult is a very mild disease, especially if the subject has had it in childhood. But avoid coming in contact with young children, nevertheless. If you cannot assist the afflicted at their homes, you may furnish means to the poor in assisting them to carry out the above means of prevention.—Bistoury.

PROTOPLASM.

S. D. GLEASON, M. D.

This term is derived from the Greek, protos, first plasso, to form. It is a colorless, smooth or granular viscid substance, homogeneous in character. It is readily detected under the microscope by the ease with which it combines with coloring matter, such as aniline and carmine. It coagulates in alcohol, in mineral acids and by heat.

This substance resembles other albumoids and consists of carbon, oxygen, hydrogen, nitrogen, and a small proportion of sulphur. It has the power to absorb the water in various quantities which makes it nearly liquid, while at other times it becomes firm and leathery.

Its more permanent qualities are excitability and contractility. Protoplasm is called the "physical basis of life," the original substance from which all living beings are developed and is present in every phrase of life. All that is comprehended under the term life, whether in the growth of plants or animals, in the flight of birds, or train of human thought, is supposed to be caused by organs which consist of protoplasm, or have been developed out of it.

It is present wherever there is nutrition or propagation, motion or sensation. There are certain protozoans—called *monera*, the entire body of which, with all its capabilities is made up and consists solely of protoplasm.

They are the simplest organizations with which we have any knowledge and the most minute and structureless of living beings that we can conceive as capable of existing. Their entire body is but a single formless mass or rather lump of protoplasm, with no combination of parts; yet, they perform all the functions which in their oneness, constitute the most highly organized animals and plants. They illustrate in their simple existence, the varied phenomena of life. Such as motion, sensation, nutrition and propagation. By studying these simple monera, we obtain a very clear and definite idea of the nature and importance of this living substance, called protoplasm.

These monera live in both fresh and salt water. rule they are invisible to the naked eye--while some of them are as large as the head of a pin. They are among the things that are of intense interest to the microscopist. When at rest the monad has a spherical shape. The surface of the body may be smooth—or very delicate threads may radiate from it in every direction. These thread-like extensions of its substance are not permanent organs. They come and go-they vary every moment in number, size and form. For this reason, they are pseudopodia or false feet. Thus, the functions of the higher animals are performed by these simple means; for, by shortening or enlongating these finger or thread-like prolongations, they drag their bodies after them. If any point of the body or any filament be touched with the point of a needle-or any chemical substance, or current of electricity, the threads are drawn in and the body contracts and assumes a ball-like shape. These filamentous prolongations perform the function of food providers. psacd podia when extended, come in contact with infusing or other food particles, envelope them in their substinct and convey them into the interior of the body, where the nutrition is absorbed, and the remainder is cleeted as uscless. The variations in the minima consist in many kinds of pseudopedia and in the many modes of reproduction. Some divide into halves; others put out small buds which in time separate from the parent; others, still burst into numerous small round bodies each of which begins a separate life, until it reaches the size of its ancestor.

The single, simple cell is able to live as an independent organism. Many of the lowest plants and animals retain for life all the characteristics of a simple cell. The most primitive unicellar organism is the amaba.

The monera is supposed to have no germ, while the amœba, as other cells, has this germ, an organ of propogation and heredity, while the other functions, alimentation, motion and sensation are performed by the protoplasmic body substance.

Thus, cells reproduce themselves by a division of the germ, around each half of which protoplasm gathers, until the main body separates into two distinct cells, each of which grows and subdivides an indefinite number of times

Cells are elementary organisms, minute forms of life, which may live independently, or in higher forms, may combine in multitudes to form a community. So, it comes to pass that the various forms of life by differentiation of cells [brought about by the different chemical arrangement of the granular structure of protoplasm] are evolved.

—Bistoury.

PERNICIOUS INTERMITTENTS.

Prof. N. S. Davis, M. D., of Chicago Medical College in a lecture on this subject (Boston Medical and Surgical Journal, March 3, '81) claims that the presence of the malarial poison in the blood produces a primary and direct effect on the elementary properties common to all the tissues, viz: susceptibility and vital affinity, and that the nervous disturbation is only a part of this more general action. It primarily causes an increase of the general susceptibility or excitability, coincident with a decided

diminution of the vital affinity by which the tonicity of the tissues and the atomic movements are controlled. The difference between an ordinary and a pernicious paroxysm is the more profound depression of the vital affinity in the latter. The essential pathology of the pernicious chill is, that the play of vital affinity is so far overcome as to make the restoration of the natural atomic or molecular relations between the constituents of the blood in the capillaries and the organized tissues extremely difficult. This being the essential feature of the disease, it is necessarily dangerous, because whenever the properties of the tissues become so involved that they lose their inherent power to attract new atoms from the blood and return old ones, as in the natural processes of secretion, nutrition, etc., there is not only imminent danger of the cessation of life, but there is also great difficulty in obtaining any effect from the administration of remedies.

For clinical purposes, he arranges all cases classed as pernicious in five groups, viz: the comatose, the spasmodic, the pulmonary, the choleraic and the algid. The first two groups may be united in one, by calling it the cerebro-spinal. In the first group, two important varieties are included: In the one the patient is unconcious or comatose from the very beginning of the paroxysm, the coma may hourly become more profound, the face pale, the temperature low, pulse feeble, respiration irregular and pupils dilated; in the other after a comatose period, partial reaction soon takes place, the face becomes deeply suffused, the head and trunk hot, pulse more full, and respiration hurried. The coma may give place to wild delirium, which may end either in the supervention of sleep, and an intermission, or the return of coma, general paralysis and death.

The second group is characterized by the paroxysm being ushered in, not by coma, but by severe muscular contractions, either continuous or paroxysmal, as in convulsions.

The pulmonary and choleraic groups are marked by symptoms of intense congestion of lungs and digestive tract, respectively. Frof. Davis describes them at length, but we have no space for a citation of the descriptions. The cases accompanied by a hemorrhagic tendency he places in a choleraic group. Primarily, all are more or less cold, but there is a class of cases where the patient becomes almost at once cold and blue, and ultimately his organic functions cease without any specific determination to one important organ more than another, unless it be to the cutaneous surface in the form of copious cold sweating. The autopsy reveals nothing more than a paler or drier state of the tissues than natural. In the other forms, the post mortem appearances are simply those caused by an overplus of blood in those organs and viscera manifestly disturbed in their functions during life.

Treatment.—The leading and important indications for treatment are: 1, to bring about general and uniform reaction by the prompt use of such means as will most efficiently increase the tonicity of the tissues, the molecular changes, and the vaso-motor sensibility; 2, if we succeed in this, and thereby conduct the patient safely to the commencement of a period of remission or intermission, the second indication is to bring him, as speedily as possible, so fully under the influence of some anti-periodic as to prevent the supervention of a second paroxysm.

To fulfill the first indication, it is the general custom to administer hot and stimulating remedies internally and to apply all kinds of heating and irritant applications externally. Prof. Davis states that all these are without the slightest beneficial effect on the patient, After quoting Dr. Drake to the effect that both external heat and the internal use of what are called alcoholic stimulants are absolutely useless in the depression of a true pernicious paroxysm of malarial fever, he uses the following language, to which we direct especial attention: "From what we now know of the effects of alcohol as an anæs-

thetic to nerve sensibility, and direct retarder of molecular changes and capillary circulation, we should not only expect no benefit, but positive harm from its use in these cases. Under the theory of internal congestion, especially of the portal system of vessels, bleeding, large doses of calomel, and various kinds of emetics have been tried, but with no encouraging results, except in a few cases where an emetic of salt and mustard appeared to aid in establishing reaction."

Accepting Milne Edwards' demonstration that heat diminishes the general tonicity and relaxes the contractile tissues of the body, and that cold increases both by bringing the atoms closer together and strengthening the play of vital affinity, Prof. Davis is naturally led to the following: "Whether you agree with me that malaria acts directly upon the elementary properties common to all living tissues, or indirectly through a primary paralyzing influence on the vaso-motor nervous system, as suggested by most writers. They point directly to the sudden and temporary application of cold as the most rational and efficient means we possess for arousing nerve sensibility, capillary circulation, molecular movements, and, as a result, an increase of temperature."

The patient is stripped, and several gallons of cold water suddenly dashed over the head and trunk of the body; he is then quickly rolled up in dry flannel blankets for thirty minutes. If there is no decided improvement in pulse and temperature at the end of that time, he is unwrapped and the dashing with cold water is repeated, followed as before by rolling in warm blankets. This may be repeated three or four times if necessary; generally two repetitions suffice. This plan, theoretically correct, has the endorsement of direct clinical experience. Dr. Fearn, of Huntsville, Alabama, had great success with it as long ago as 1830, and Prof. Davis has used it successfully on two occasions.

In those comatose cases where partial reaction has taken place and the face is deeply flushed and the head hot, an ice

cap should be applied to the head and back of the neck. In cases equally comatose but pale and cool, instead of the ice cap, he advises to bring the patient's head over a tub, and with a pitcher filled with tepid water to pour a douche of two or three quarts of water over the occiput, repeating it once in from half an hour to an hour; this constitutes the most efficacious means of relief. The same means applied to the neck and spine, in the spasmodic or convulsive cases, and to the chest in the pulmonary group, give the best results. In the choleraic cases, with great restlessness, frequent vomiting and purging, with cold sweat, great collateral advantage, he states, may be gained by the judicious use of morphia and atropia hypodermically. If the heart's action is very feeble, the injection of morphia and atropia may be alternated with suitable doses of strychnia. In the purely algid cases, in addition to the efficient application externally of alternate cold water and dry warmth, he advises the prompt administration, either by the stomach or hypodermically, of strychnia and atropia without morphia, as the best treatment that can be adopted.

After reaction has been established the second indication-to prevent the recurrence of the paroxysm-is to be fulfilled by bringing the patient as rapidly as possible under the full anti-periodic influence of quinine which is more reliable than any other remedy we possess. This he accomplishes by giving twenty grains by the mouth or ten grains by hypodermic injection, on the decline of the paroxysm, or as soon as reaction is fairly established, and repeating the same at such intervals that three doses will be taken before the time for the next paroxysm to begin. He adds, to which we heartily subscribe, "it is so important to make sure of preventing another paroxysm, that it is better to err in giving a larger quantity than is strictly necessary than in not giving enough. Half the quantities just indicated will be sufficient for the next day, and still less the next, after which the case shall be treated with tonics, rest and nutritious food, as in the convalescence from other severe attacks of malarious fever." A caution is added against the patient resuming active labor, mental or physical, until his strength is fully restored.—St. Louis Clinical Record.

We insert this, not because we endorse the medical part of the treatment but we do that of the use of water. The intelligent Homoeopath will select remedies much more appropriate to the case than those recommended by Dr. Davis. It is amusing to see the attempt to give a physiological description for the modus operandi of the treatment.

IODOFORM.—Dr. Aphel (Lo Spallanzani) gives the case of a woman of twenty who had received a contusion of the right mammæ, whic hoon became painful, while the lymphatics of the axilla became engorged. After suffering for twenty days, the patient sought medical relief. Inunctions with a pomade of mercury and belladonna, perserved in for ten days, gave no relief. On using an ointment of iodoform, however, instantaneous relief was gained. At the end of ten days the patient was discharged cured. In a second case, that of a man who received a severe bruise on the ankle, an ointment of one part of iodoform to thirty parts of lard produced rapid amelioration. Prof. Masius uses the following formula: Iodoform I part, glycerol of starch 30 parts, essence of peppermint a sufficient quantity to mask the odor .-Philadelphia Med. Times.

Those who have been troubled with leaky gum bags in their operations in the labratory will be glad to have the following receipt for

A GOOD ELASTIC GLUE.—Dissolve two ounces of India rubber in half a gallon of mineral naphtha. When the solution has been effected, add four ounces of shellac to the naphtha, place it in an iron vessel, apply heat cautious-

ly, stir until well mixed, and then pour it upon a slab to cool. This can be melted at the same heat as common glue, can be applied with a brush, sets quickly, is elastic, and perfectly insoluble in water.

And those who are preparing objects for the Scientific

Lantern will thank us for this:

Transparent Paint for Glass.—Take for blue pigment, Prussian blue; for red, crimson lake; for yellow, Indian yellow; and for other shades, a mixture of the appropriate primary colors. Rub them in a size made as follows: Venice turpentine, 2 parts; spirits of turpentine, 1 part; and apply with a brush. The colors are moderately fast unless exposed too long to direct sunlight. A solution of the various aniline dyes in shellac varnish has also been recommended.

Our ladies may like to try the following:

Rust is readily removed from white goods by soaking the stains in a weak solution of tin chloride, and rinsing immediately with much water. The tin salt is more reliable in removing iron rust, and quicker in its action than oxalic acid, unless the stains are soaked in a solution of the latter contained in a tin spoon, when the stains disappear in a shorter time.—Pharm. Centralb.

NITRO-GLYCERINE IN ACUTE AND CHRONIC BRIGHT'S DISEASE, AND IN THE VASCULAR TENSION OF THE AGED.

Dr. A. W. Mayo Robson (Brit. Med. Jour., 1880), has given nitro-glycerine in these cases with great benefit. A man of 65, with puffy eyelids and ædematous legs, a

pulse tense and corded, the heart greatly hypertrophied, and breathing labored and difficult at times, was given a one-per-cent. solution of nitro-glycerine in one-minim doses every half hour, till its physiological effects were produced. It relieved the asthmatic symptoms so effectually that the patient would never afterwards be without it. After taking the medicine in three-minim doses thrice daily for a week, the urine, of which only a pint and a half daily; of specific gravity 1008, and very albuminous, had been passed, was now voided to the amount of three pints, specific gravity 1012, and almost free from albumen. This patient continued to take the medicine for some months, with great amelioration of the symptoms.

Dr. Robson mentions another similar case, in which the relief gained was equally striking. In the case of a woman of 52, who had had one slight apoplectic seizure and was threatened with another, and where the pulse was hard and corded, and all her vessels indicated increase of tension, nitro-glycerine was administered in one-minim doses thrice daily, with the result of removing entirely all symptoms of dizziness, etc. In the subsequent history of this patient, a dose of the remedy has been taken whenever dizziness has begun to come on, with the result of relieving the symptoms, and, as may be supposed, of averting for the time a threatened attack of apoplexy.

A case of angina, or of anginaform attacks, appeared to be cured by the use of the nitro-glycerine. Other interesting cases are detailed by Dr. Robson, in which patients suffering from an attack of acute nephritis were quickly relieved and cured.

Dr. Robson says, in conclusion, that whether the vascular tension, which is the symptom treated, be due to chronic kidney mischief or to arterial fibrosis, this condition is unquestionably relieved by nitro-glycerine, and with the diminution of pressure, in his experience, improvement inevitably follows, though in some cases it may be only temporary.—Phila. Med. Times.

BILIARY CALCULI.

In the June number of the Medical Brief, in answer to a question as to the best remedy for relieving biliary calculi, Dr. J. W. Babitt of Ypsilanti, Mich., replies that upon the advice of Dr. Pitchers, of Detroit, he took the then new remedy, which relieved him of over one hundred crystalized globes as large as a marrowfat pea, at one evacuation. Since that time he has treated more than a score of cases with the best results. Remedy, sweet olive oil, six to eight ounces. First empty the stomach by emetics or by fasting, the latter preferable. Twenty or thirty minutes after swallowing the oil, which will give time for it to pass into the duodenum, recline on the left side with the hips elevated higher than the shoulders. The oil will find its way into the ductus communis and reach the enemy in their castle, to-wit: the gall bladder. Every calculi will be lubricated and slide out of the fount and through the intestines. Now to be certain that the desired result has been obtained, let the stools be dejected into a vessel half full of water, and the little green globes will be found floating on the water.

Sweet olive oil, has been used by the allopaths and eclectics for many years. It is useful only in their hands, because it keeps them from using something worse; and it may be useful in causing a laxative effect; but that it goes up the ductus choledicus, enters the gall bladder, we very much doubt, and our experience with it has not been very encouraging.

The better way is to give belladonna low, during the paroxysm, to dilate the duct and relieve distress, and then during the time between the attacks use the remedy indicated. We have had good success with nux, arsenic, china and bryonia.

The use of olive oil in these cases was first introduced to the profession by Dr. D. E. Smith, an Electric physician of Brooklyn, in the year 1871.

EUCALYPTUS IN BRONCHITIS.

Dr. Bell says: The eucalyptus globulus has remarkable anti-catarrhal virtues. The only preparation which I have used has been the tincture prepared by several of our most eminent druggists in Edinburgh, and I have seldom prescribed more than a teaspoonful mixed with a wineglass of water, twice a day. In several cases of bronchitis, with profuse expectoration, I have witnessed remarkable benefit after a very brief use of the remedy, evinced by a rapid diminution of the discharge, and also by a corresponding improvement in the general condition of the patient.—Ex.

CHRONIC RHEUMATISM.

We have treated several cases of this disease during the winter months and found all of them quite obstinate. In one case, Mr. J. S. had been suffering from the first of October to the tenth of February, and by the advice of his physician had been taking from five to ten grains of salicine every four hours during the day for the whole time. No other treatment was recommended except now and then a dose of compound cathartic pills thrown in by way of variety. When this patient first applied for treatment he was suffering with pain in the right hip, running down the right leg to the ankles; pain in the small of the back and left shoulder; could with great difficulty move around. Although the pain was often very severe, very little swelling was perceivable about the joints. We commenced the treatment by giving three grain doses of the Ix trituration of alstonia constricta, every two hours, which we continued in alternation with rhus tox for four days. A vapor bath was given at bedtime every night while taking this prescription. At the end of four days the patient came to the office to show us how high he could kick with his right leg, which had been lame so

long. He seemed to be free from pain or soreness, with a good appetite, and soon resumed business.— Med. Call.

PROLAPSUS ANI.

Gelineau pencils the prolapsus with liquor ferri sesquichlorati, allows it to dry up and returns the prolapsus, introducing at the same time into the rectum some lint moistioned with a diluted solution of the same drug, equal parts, and fastens a tampon moistened with the same fluid to the anus with a T bandage. The following day the lint is carefully removed and a small quantity of a very diluted solution of liquor ferri sesquichlorati injected into the anus and the external tampon removed. On the fourth day the patient may take some castor oil. In children the penciling must be done with a weaker solution, no lint introduced but only the tampon applied.

—N. A. I. of Hom.

ECZEMA.

A case—child two years old. The eruption involved the entire scalp, both ears, the greater part of the face, forehead and one eye. The discharge was enormous; yellowish, purulent and very offensive. Graphites, 200c. one dose, six powders blank—one every night. After the lapse of one week the discharge less copious and less offensive. Graphites, 200c, six powders, one every other night. After two powders no more medicine as long as improvement continued. Cured.—Medical Call.

PILOCARPINE IN DIPHTHERIA.

In a year and a half, Dr. Guttman treated eighty-one cases of diphtheria by pilocarpine without losing a single case. Recovery in mild cases taking place in from one to three days, the very grave cases in from nine to eleven

days. He administered the alkaloid internally with pepsine dissolved in chlorhydric acid and water, which controlled intestinal catarrh, and dissolved the membrane characteristic of the disease.—Med. Gazette.

CHLOROFORMING DURING SLEEP.

The possibility of chloroforming a person in sleep, without waking him, having been disputed in a recent murder trial, Dr. J. V. Quimby, of Jersey City, was led to test the question experimentally. The results were presented in a paper before the section of Medical Jurisprudence, at the meeting of the American Medical Association a few days ago. Dr. Quimby made arrangements with a gentleman to enter his room when he was asleep and apply chloroform to him. This he did with entire success transferring the person from natural to artificial sleep without arousing him. He used about three drachms of Squibb's chloroform, and occupied about seven minutes in the operation. The second case was a boy of thirteen. who had refused to take ether for a minor operation. Dr. Quimby advised the mother to give the boy a light supper and put him to bed. She did so, and Dr. Quimby calling when the boy was asleep, administered the chloroform and performed the operation without awakening the boy. The third case was a boy of ten years suffering from an abscess, and the same course was pursued with equal success.

Two important inferences may be drawn from these cases, Dr. Quimby said. Minor surgical operations may be done with perfect safety and much more pleasantly than in the ordinary way; and secondly, a person somewhat skilled in the use of chloroform may enter a sleeping apartment and administer chloroform with evil intentions while a person is asleep. Hence the use of this drug in the hands of a criminal may become an effective instrument in the accomplishment of his nefarious designs.—

Medical Advance.

THE TRUE PHYSICIAN.

"In these days of International Societies, True Hahnemannians, and Rolls of Honors, when a few men draw a circle around medical tenets which they look upon as of divine origin (although many of them are the coinages of their own imaginations), and from within this sacred circle, as from an impregnable fortress, hurl the taunts of mongrel and renegade against all those who cannot repeat the shibboleth of their peculiar medical faith, it may not be amiss for the Times, from its conservative standpoint, regardless of the din with which the air is filled, the cries of regular and irregular—and I am of Paul and I of Apollos—to state its convictions as to what constitutes a true physician.

We seek no quarrel with any case of our professional brethren; and while we have our own strong convictions; and are at all times ready to give a reason for them, we wish to treat with respect and courtesy the honest belief of others, differing from us though it may. We simply insist that so far as great principles are concerned they shall be fairly and clearly presented, and called by their right names; and deny the right of any man or set of men to tack on to a principle which has been clearly and distinctly formulated, theories having no legitimate connection with it, and which by no process of reasoning could be evolved from it.

Similia similibus curantur conveys its own meaning to the intelligent mind clearly and distinctly, and the believer in it who gives it its proper place can in no sense be charged with sectarianism. It is a great principle in therapeutics to guide us in the study of the action of drugs upon the human organism, and their proper selection in disease. It lays down no rule that every drug shall be given singly, and never in combination or alternation with others; it makes no reference to dynamization and increased development of power by succussion and

trituration. The only legitimate conclusion which can be drawn from the principle is, that the drug must be given in sufficient strength to control the disease without injury to the system. The drug is given with this end in view, its primary and secondary action being fully understood. If more is given than is required to meet the diseased condition, not only may the disease not be controlled, but positive injury may result to the system. too little is given the disease goes on unchecked. ten or twenty grains of quinine are required, or five drops of aconite or belladonna, or twenty grains of iodide of potash. or a quarter or half grain of proto-iod-merc., to meet the peculiar diseased condition-a condition similar to which the drug would produce-the man is a true physician; who meets the demands of the case, and prescribes for it intelligently. He is equally a true physician if, the peculiar conditions of the case pointing to minute doses and attenuated remedies, he prescribes them. The law of similia stands out clear and distinct. The dose must be left to the careful study, the intelligence and good judgment of the prescriber, aided by all the light which science can bring to bear upon the subject. It is natural to suppose that every man will care more for curing his patients-in as much as success involves reputation and pecuniary prosperity—than for the triumph of any individual theory, and travel the path-which the concientious will always do-the most likely to insure that permanent success which can only be based on true merit.

We stand on the broad ground of non-sectarianism believing that the laws of similars should occupy an important place in the great system of medicine; that it should be stated clearly and distinctly, in its naked beauty and simplicity. We do not believe that the art of medicine can be encircled by a single theory or covered by a single dogma. A true physician is broad and liberal in his ideas, and charitable to all. Looking upon the possibilities of his profession as boundless as the development

of science, he constantly strives to keep in the front rank of progress, eagerly and gladly receiving facts coming from any scource. In this path the Times has walked and will continue to walk."

The above we find in *The Homwopathic Times*, New York. While we admire the tone as it is candid and liberal, yet we must protest to the sanction given here for gross medication; while the advanced physicians of the allopathic school are abandoning perturbing courses of treatment and advocating a more mild and rational plan, it is no time for the leading metropolitan homœopathic journals to advocate, or even tolerate, massive doses of gross medicines.

We have for over thirty years practiced medicine in the most malarious portions of our country; for some years on the Wabash River, and for 13 years of that time as an allopathic physician; yet we have never seen a case that required twenty grains of quinine, and the physician who cannot cure his malarial patients without such massive doses has our most heart-felt sympathy.

We are willing to give the hand of brotherhood and friendship to every physician who adopts the law of similars as his guide, and we disapprove of the epithets hurled at some who cannot see as others do in regard to attenuations, yet when we hear of physicians using large doses of gross medicines we feel like "expounding unto him the way of truth more perfectly." But above all things let us be charitable.

Department of Electrology & Neurology.

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J. T. KENT, M. D., Editor.

MELANCHOLIA.*

By IRA RUSSELL, M. D., Wichendon, Mass

A person unfamiliar with the peculiarities of insanity. on entering one of our large insane hospitals, will, at first, be impressed by the great variety of symptoms and characteristics manifested by the inmates. But, upon a careful examination, he will find that they can be arranged and classified into a few distinct groups; the restless, excited, talkative sufferer, from acute mania; the general paralytic, with his exalted ideas of untold wealth and power; the melancholic, stolid and indifferent, with suffering and gloom pictured on his countenance and expressed by every action, and the demented, oblivious to everything around him. These different mental and physical manifestations. which at first seemed a heterogenous aggregate, can be reduced to a few well-defined and distinct groups, not but that there are cases which seem to shade into each other, making it difficult to determine whether a patient should be classified with mania or with melancholia, or another with melancholia or dementia. In fact there is a borderland where sanity and insanity shade into each other, and many persons pass their whole life very near that line, as shown by eccentricities in regard to business, morals and

^{*}Readlef rethe New England Psychological Society. Dec. 14, 1886, by Ira Lussoll, M. D. Wicheld F. Massoll, M. D. Wicheld F. Massoll, Member of the Association of Superintendents of American Insure Asylons of the New Figland Psychological Society, Massachusetts Mehle Shearl Society, etc., etc.

religion, with sudden and unlooked for changes in character and disposition. As Dryden says:

"Great wit to madness is allied."

Twenty-five or thirty years ago, little or nothing was taught in our medical schools respecting psychological medicine. It is not so now; the importance of a knowledge of mental diseases to the general practitioner is beginning to be recognized, and our medical colleges are beginning to give instruction in this department of medicine.

My topic is "Melancholia," one of the most common and curable forms of insanity. The term melancholia is derived from two Greek words; "melas" and "kole," meaning black bile. The invasion of this form of insanity is variously characterized, sometimes sudden, as when produced by grief or some unexpected reverse of fortune; but usually it is slow. The subject of it, gradually and almost imperceptibly loses his relish for existence, takes less interest in his business and his family, is abstracted in thought, peevish and fretful in disposition, and more easily irritated than usual; seeks solitude, and, in the words of Dryden:

"He makes his heart a prey to black despair, He eats not, drinks not, sleeps not, has no care Of anything by thought; or if he talks,

At first he may be moody, silent and taciturn, but he soon begins to talk about himself; he has done some great wrong for which he is to be punished, etc. An eminent business man, of this State, once told me that he had misappropriated funds entrusted to his care, and he was to be hanged for it. He said another man had committed the same crime and been imprisoned; but he knowing better, must be hanged, as that was the only punishment adequate to his offense. An investigation of this man's affairs showed everything to be all right.

The fear of poverty is very often manifest, especially in those who have an abundance. Such persons will re-

fuse food. I have a lady under my care, seventy-five years old, who would not eat were it not for the dread of the stomach pump. Her excuse is, that she cannot compensate me for the food, and that it "distresses her stomach." For several years previous to coming under my care she had been on a very restricted diet, as she claimed that everything she ate hurt her. When she came to me she was reduced to a mere skeleton, and was on the point of starvation. I put her on a generous diet and she very soon began to gain physically and in strength Nothing that she has eaten has disagreed with her, but her melancholy has become chronic, and if left to herself she would soon die of starvation. On a great many subjects she talks rationally and even seems to know that her notions about poverty are delusions.

It is often very difficult to determine whether a person is suffering from melancholia or "pure cussedness." The willfulness, irritable temper, like and dislikes, the hatred of certain persons without any assignable cause, or the assignment of causes that have no reality, are apt to be attributed by friends to anything but the true cause. Such persons will be treated for liver complaint, dyspepsia and other difficulties, but without benefit.

You question a melancholic closely and get him to disclose his true feelings, and he will tell you that there is a cloud hanging over him, he can see no sunshine. His friends seem to have forsaken him, and instead of seeming near him are far away in the distance, and constantly receding from him. The previously indulgent parent abuses his children; the loving wife distrusts her husband and takes the lives of her children to save them from some fancied evil.

Bucknill and Tuke say that

"No mental disease stamps itself upon the physiognomy and demeanor of the patient more decidedly than melancholia. The sad and anxious eye, the drooping brow, the painful mouth, the attenuated and careworn features, the muddy complexion and harsh skin, the inertia of body, the stooping, crouching position and the slow and heavy movements, speak of distressing oppression of the faculties and intense wretchedness." While the common maniac is perfectly satisfied with himself, and thinks everybody else crazy, the melancholic's thoughts are turned inward upon himself; he is full of regrets and self-blame for something done or left undone in the past and full of apprehension that future evils will overtake him.

When the religious element is involved, the patient becomes the victim of the most gloomy fancies, and the conscience becomes so morbidly acute, that:—

> "Night riding incubi Troubling the fantasy, All dire illusions Causing confusions; Figments heretical, Scruples fantastical, Doubts diabolical"—

Are incessantly presented to the mind, and life is rendered intolerable by perpetual misgivings as to the propriety of the most trifling circumstances.

A patient of mine lost a daughter by consumption; she was the only child of his first wife, who died when this child was quite young. He had married again and had other children. After the death of this daughter the thought occured to him that he might have thought, that, inasmuch as she had consumption and could not possibly get well, he would be better off when she was gone, as it would tend to harmonize the family. He was not sure that he ever had such a thought, but if he ever did entertain such a thought, it was a horrible sin and God would inflict a terrible punishment upon him for it.

The misery and unhappiness that this one thought caused him is indescribable. He was a very intelligent gentleman, and when his mind was diverted from this one subject, his conversation and ideas were rational and intelligent. So old a writer as Plutarch has given a graphic description of the religious melancholic:

"To such a man every little evil is magnified by the scaring spectres of his anxiety; he looks upon himself as a man whom the gods hate and pursue with their anger. A far worse lot is before him, he dare not employ any means of averting or remedying the evil, lest he be found

fighting against the gods. The physician, the consoling friends are all driven away. 'Leave me!' says the wretched man, 'me the accursed, the hated of the gods, to suffer my punishment.'

I might quote much more from old writers, but the above is enough to show that melancholia is no new disease.

At the present day the religious melancholic is very apt to imagine that he has committed the unpardonable sin. Such a one once consulted a distinguished clergyman, and he very frankly told her that he was not the proper person to consult, but that she should seek the advice of some good physician.

Indecision is a very common symptom in melancholia; it may be slight in trifling matters, or it may characterize every action. I once had a patient, a graduate of Harvard College, a fine scholar and cultivated gentleman. He would be all day in writing one line; he could not make up his mind what words to use. I went to his room one morning and found him in undress. I asked why he was in that condition, and he said there were two shirts on the bed and he could not make up his mind which to take.

The delusions of melancholia are frequently single the mind fastens upon one thing—it may be rational upon all other subjects. It may be conscious of the delusion and even make efforts to conceal it and try to overcome it, but it is all in vain.

One of the most distressing cases of melancholia that has come under my observation was that of a young physician, in whom the disease took the form of syphiliphobia. He belonged to one of the most distinguished New England families. He had a home and foreign education, was refined and polished in manners, well-versed in the literature in his profession, and very conscientious in the discharge of every duty. He located in a large city, and soon obtained a large practice. From over-work and anxiety he became depressed, slept badly, and his appetite failed. He soon imagined he had contracted syphilis, protesting all the while that he had been strictly moral,

upright and honest in his conduct. He was constantly watching for syhpilitic symptoms, and whenever he found any abrasion or pimple upon his person, he was sure it was syphilitic. He would go to the mirror a hundred times a day to examine his face for syphilitic eruptions. He was constantly pulling his beard and hair to see if he had not got syphilitic alopœtia. He would talk with any one that would listen to him about his syphilis for hours; would weep and cry and lament his deplorable condition, in fact, his agony was indescribable. "Nobody," he would say, "could understand his situation." No one would believe him when he asserted that he had been upright and honest, He became suicidal, and made several attempts to take his life. By my advice, he went to New York and consulted one of the most distinguished syphilographers, Dr. F. N. Otis, who found no signs of syphilis, but it made no difference with his belief or mental sufferings. He made several visits to New York, and consulted other physicians with like results, and, finally, committed suicide with a pistol shot while in the water-closet of a railroad car on his return from a visit to New York, where he had gone to consult several experts, all of whom pronounced him free from the disease. Notwithstanding he seemed pleased with the opinions given, and expressed a determination to give up the delusion; he, in a very artful manner, purchased a revolver with the results above stated. During all this time (after purchasing his revolver) he was more cheerful and self-possessed than he had been for months. Bumstead has expressed the opinion that syphiliphobia is in no way due to syphilis, as it is much more frequently found among those who do not have the disease,

> Proxima deinde tenent moesti loca, qui sibi letum Insontes pepereve manu, lucemque perosi Projecere animas. Quam vellent aethere in alto Nunc et pauperiem et duros perferre labores! Fas obstat, tristique palus inamabilis unda Alligat, et novies Styx interfusa coercet.

Which Governor Long translates thus:

Next the abode of melancholy souls
That guiltless else, sought death by their own hand,
And lay down life because life burdened them,
Glad were they now if but in upper air,
Rough toil or want they bore, but fate forbids,
The grim flood pens with its gloomy wave.
Nine times the engulphing Styx around them coils.

No melancholic can be trusted, however mild the symptoms.

The number of suicides in this State, during the last ten pairs, has averaged 122 per year. Last year the medical assumer reported the same number, giving the method afforted to "shuffle off this mortal coil," in eighty (80) cases: viz:

By	Hanging -		-	23
	Drowning -	-		16
	Pistol Shots -	-		17
	Cut Throats -		. .	10
	Leaping from Hei	gh t s -	-	2
	Strangulation -	-		I
	Unknown -		-	I
	BY POI	20V2		
		30.5.		
	Paris Green -	-		5
	Corosive Sublimate I			
	Chleral	-		I
	Morphine -		-	1
	Laudanum	-		I
	Cantharides -		-	I

The causes were not generally given, but, by letters of the cary and other means, I have learned that considerably more than half were due to melancholy, many of whom that them suffering from it for many months, and no pains that them taken to put them in places of safety. A case therefore by Dr. Abbott illustrates this carlessness of comits

A. B., aged 70, a farmer in comfortable circumstances, His daughter, with whom he lived at his own house, was confined. On the sixth day of her confinement, her father stole up to her room with a hatchet and aimed a blow at her head with the intention of killing her; he did not succeed, but inflicted a slight wound.

He said it was his intention first to kill his daughter and then himself. On the following day he was found hanging in the barn, dead. The family being at church, leaving him without any restraint, as if nothing had happened.

The general practitioner, when called to visit one of these cases, will, very likely, be told by the friends that the patient is bilious, that he has the blues, does not sleep well, and worries about nothing. They will be careful not to disclose his delusions, his jealousies, his hatred of those he formerly esteemed and loved, his unprovoked outbursts of passion, his fear of poverty-when he has an abundance—and other delusions of a dangerous character: he showing, perhaps, at the time, a disposition to act upon them, to the great danger of himself and others They conceal these things for fear of the fancied disgrace publicity would bring upon their family. The result is, that, upon some fine morning or calm evening, a family is thrown in the deepest distress, and a whole community shocked by a case of cut throat, drowning, pistol shot, poisoning or strangulation. Then the physician will be blamed because he had not discovered that his patient was

This tendency of melancholics to commit suicide, renders it absolutely necessary that they should be carefully watched. Hence, the importance of sending them early to some insane hospital or place where they can be under the constant care of those who fully understand the nature of the disease. Here allow me to remark that the hue and cry against insane asylums is nothing but a morbid sentimentalism. Where there is one unnecessarily confined, there are scores who ought to be thus cared for, who are at large.

The pathology of melancholia is obscure. The late lamented Dr. Tyler, when called in consultation, used to say to my melancholic patients, that they had a lump in their brains. I know not what his views were in regard to the localization of function as taught by Heitzig and Ferrier, but some of our ablest alienists, and notably among them Hughlings Jackson and Crichton Browne have adopted their views as a whole or in part. I quote from Ferrier:

"The organic sensations are their cerebral centers, probably the occipital lobes, would thus seem to be the foundation or universal back-ground of the pleasurable or painful emotions in general."

Morbid states of the viscera and of the cerebral centers are incompatible with pleasurable emotions of any kind. As healthy states of the viscera produce pleasurable feelings, and morbid states of the viscera produce depressing or painful feelings, so, conversely, on the principle that the revived feeling occupies the same parts as the original, pleasurable emotions exalt the vital functions, and painful emotions depress the vital functions and produce organic visceral derangements. Whether the various viscera are represented individually in the cerebral hemispheres, has not been experimentally ascertained; it is, however, not improbable, and the ancient localizations of certain emotions in certain viscera, though crude, is not without some foundation in positive physio-pyschological fact.

Morbid states of the viscera or of the centers of organic sensations in reciprocal action and reaction may give rise to hypochondriasis or melancholia; and just as visceral derangements frequently express themselves in localizable sympathetic neuroses, so the melancholic individual projects the obscure feelings in some definite objective form as the cause of his sufferings. He imagines his vitals are being gnawed by some hideous animal or that his body is the scene of demonical revels. The special form of the halluncination will vary with the individual and his education; but it always takes some dread or malignant shape.

J. Crichton Browne, in the October number of *Brain*, in an article entitled a "Plea for the Minute Study of Mania," referring to the localization of function, says:

"I take it as an establised fact that there is localization of function in the brain

This hypothesis is necessary to the explanation of the innumerable varieties of insanity. It seems certain that there are system diseases and local diseases, neural and adneural changes in the brain, just as there are in the spinal cord, and that these are severally signalized in the brain as in the cord by distinct sets of symptoms.

The existence of motor and sensory symptons in mania is obvious enough. Restlessness is almost indispensable to our idea of it, and every description of it that exists abounds with reference to great muscular activity, contortions, gesticulations, violence and wild cries.

But these disorders of movement in mania have not been subjected to minute analysis. They have been regarded only as expressions of psychical exaltations, and as such have not been thought worthy of detailed examination. And no doubt many of the movements of maniacs are but unrestrained mani estations of ideal and emotional states, or reflexes of inordinate strength. But besides these movements there are others, which, by their peculiarity and purposeless persistency, are marked out as being of a different character. And these it is which will probably, I think, be shown to depend upon excitation of the motor centers of the brain by a morbid process, and which will thus sometimes supply indications as to the parts of the brain involved in that process, and as to its lines of propagation and retrocession. Even at the very height of acute mania, when the symptoms are infinely complex and varied, certain markedly predominant movements may frequently be seen, which it is impossible to connect with any feeling or intention. Thus some maniacs will run about uninterruptedly night and day in a purposeless manner, and if held down in bed, will continue to move their feet and legs as if still engaged in running. Others again will remain in bed and will rarely move their lower limbs, but will toss their arms about incessantly or busy their hands unceasingly in smoothing or fraying the bed-clothes. May we not suppose that in the former class of cases there is irritation of the postero-parietal lobe of the brain, in which Ferrier has localized the crural movements, and that in the latter class the irritation is concentrated in the ascending frontal and parietal gyri, in which the brachial and manual movements are localized?

Some maniacs talk vociferously and jargonize; may we not infer that in them is an irritative lesion of the oro-lingual region, in the third frontal convolution? Others are resolutely silent, but shake

heads from side to side without intermission

May we not suppose that in them the cortex of the superior temposphenoidal gyrus is hypersemic or imflamed ?"

As I have already shown, nearly all melancholics have the suicidal tendency, and it becomes an interesting question, upon what does that propensity depend? Maudsley says it is due to the loss of the love of life. The love of life is a universal instinct. No animal ever commits suicide. Now, on the theory of the localization of function, may there not be a cebral center that presides over the instinctive love of life, and in the melancholic

suicide, may not that center be either organically or functionally diseased?

A harsh skin, coated tongue, foul breath, insomnia and constipated bowels are common in the great majority of these cases. While there may be no organic disease of the brain, there is mal-nutrition and frequently anæmia.

TREATMENT.

The first great object is to restore the defect of the train by means of food and sleep. To produce sleep, chleral is useful in the excited forms; in sub-acute and less exerted forms, opium can be used, usually with great benefit. The best preparation of opium is meconiate of merphia, as it does not constipate the bowels. Belladonna, common and hyoscyamus are useful. It is often well to combine chloral, hyoscyamus and meconiate of morphia. In short, by various combinations of sleep-producing medicines, we get better results than by any one given time.

Next to procuring sleep is the question of nourishment. Some patients will refuse food altogether, and we have to resent to artificial means of feeding.

The late Dr. Tyler told me that he fed a distinguished merchant of New York every day for thirteen months with a stomach pump, and that he recovered; and at the time the Dictor spoke to me, was well and actively enraged in business.

Heartholits, before coming under proper treatment, the chally been on a very restricted diet, complaining that everything they eat hurts them. When put upon a full and minimishing diet, they invariably improve, and, in the time the coated tongue and foul breath discrete. Similants, such as wine, ale, and sometimes the similants, are useful.

I have a first that many melancholies die from staror a vir are not reported as suicides. They are kept to the they are not troublesome, or at any rate, not longer a and so are not sent to asylums. Their whims are indulged, and they are allowed to restrict themselves to a cracker a day, perhaps. I once knew a clergyman, in my own neighborhood, in a physician's family, who died from starvation.

In addition to food and hypnotics, tonics, such as Esquirol's Red Mixture, iron, conium and strychnine, phosphorus and quinine are usually demanded.

Very often one of the first things recommended by friends and sanctioned by the physician is travel, with the expectation of diverting the patient's morbid thoughts from himself, but all such devices are without avail, and often worse than useless; the patient is sure to take his disease along with him. If he travels by rail, there is great danger that he will leave the train while in rapid motion, or throw himself in front of the engine; or, if he travels by steamboat, the temptation for taking a water bath is irresistible.

Melancholia, like every other disease in its early stage, requires rest, care and treatment, and wherever these can be best secured is the place for the patient. A trip to the hospital, or to some place away from home and the exciting causes and surroundings that have produced the attack is all the traveling admissible.

Many melancholics have periods of exaltation and depression, and these periods must be met by appropriate treatment. If the patient's means will allow, the more home-like and quiet the place for treatment, the sooner may one expect a recovery. As a general rule, removal from home is indispensable.

PROGNOSIS.

This form of insanity is the most curable, and, if taken in its early stages, almost invariably yields to treatment. When neglected, and it becomes chronic, it is apt to become permanent. Here the question may arise: "When a case of melancholia is cured, may we expect it

to be permanent, or are we to look for a recurrence?"

The subject of the permanency of the cures of insanity is exciting a good deal of attention, and a spirited discussion is now going on between Drs. Earle, of Northampton, and Ray, of Philadelphia, upon that question. Dr. Earle taking the ground that the curability of insanity has been very much over-estimated, as the number of cases cured very much exceed the number of persons—the same person being reported cured many times. Now, what are we to expect in regard to cases of melancholia? Are we not to expect a recurrence of the disease? Frequently there will be a recurrence of the disease. A person goes to a malaneus district and contracts fever and ague-he recovers—he subjects himself to the same influences again and has another attack. So it is with melancholia: a person was engaged in some harrassing business, he returns to it; he had lost property, it occurs again; he had firmestic troubles, he is subjected to the same again, and a recurrence is the result. While, if he had not been subrated to the same or similar causes that produced the first attack, there would have been no return of the useuse — Alla viet and Neurologist.

INFLAMMATION OF THE GREAT SCIATIC NERVES.

STITT OF N. TANDOR, M. D.

There this the welfind in the Michigan Midical Mass. Mires their a clinical lecture by Dr. Wm. Tepper, of Finding paid and as usual his lecture ments between After and oppositions and engine effects of this lisease as example to the course. Among them may be enumerated as an affect on as in his combinate produce neurally effects that we experience as seeing the continuous and oppositions is chrome malarate vincings of the mass, it is formall the nerves of the body. In other arrange, the impact of the symptoms would seem to have

been associated with the absorption of lead, copper or mercury, in some of their various forms. In chronic leadpoisoning there is generally a neuralgia of almost all the nerves of the body. A third cause is inflammation of the sheath of the nerve, which becomes thickened, and so compresses the nerve-fibres. Rheumatism very often acts in this way, a rheumatic inflammation of the nerve-sheath or nerve substance standing at the root of a great many cases of the most obstinate and painful cases of sciatica. As regards treatment, in a case of chronic malaria with chills and fever, followed by neuralgia, the best treatment would undoubtedly be quinine, iron, arsenic and belladonna. In many cases I have found that more relief was afforded by large doses of arsenic than by any other remedy. Occasionally I have injected the arsenic under the skin. When there is distinct local inflammation, I treat the disease with large doses of iodide of potassium, and minute doses of bi-chloride of mercury. If it results from lead-poisoning, the appropriate treatment for that condition should be pursued. If we desire to cause absorption of imflammatory matters inside the sheath, the best way to do so is by means of severe blistering, or by actual cautery. The actual cautery, in particular, has great absorbent action, and powerfully relieves over sensibility of the nerves. Another excellent treatment is by hypodermic injection of morphia and atropia, deep down into adjacent muscular structures. He advises a formula of one-sixth to one-fourth of a grain of morphia, and from one-ninetieth to one-sixtieth of a grain of atropia. In employing this formula, take care not to establish the opium habit; hence, diminish the dose as the disease subsides. In cases where the localized pain is very intense; excellent results are derived from the hypodermic injection of from eight to twelve minims of chloroform, taking care to keep the needles out of the way of the arteries. Though incomparable as a temporary destroyer of pain, the effects of the chloroform are not very permanent. Galvanism is very quick, in some instances, to relieve pain. The mode of application should be with the positive-pole at the seat of pain, and the negative-pole along the nerve trunk. Where the muscles have wasted to any great extent, the Faradic-current is the best. — Va.Med. Monthly.

SOCIETY TRANSACTIONS.

KANSAS STATE HOMEOPATHIC SOCIETY.

The State Homocopathic Medical Society met in full session at 3 o'clock p. m., May 4th. at the office of Dr. Roby, Topeka, with a fair attendance of medical gentlemen and ladies.

The meeting was called to order by the president, Dr. J. J. Edic, of Leavenworth, and after roll call he delivered an eloquent and tell-

ing address:

While the board of censors were preparing a report upon the cre-dentials of new members, the minutes of the previous meeting were read. The following names were then reported on favorably The following names were then reported on favorably by the board of censors:

Mrs. Annie M. Haslam. M. D., Osage City; George A. Deam. M. D., Burler City; Stiles P. Swift, M. D., Burlingame; Samuel A. Newhall, M. D., Newton; Austin M. Cowan, M. D., Valley Falls; W. E. Taylor, M. D., Kansas City.

The report of the committee on constitution and by-laws was

presented and adopted by sections.

The clause in reference to qualifications of members was warmly discussed, it being the opinion of some that none should be admitted except those who are graduates from some homocopathic institution, and by a vote of 11 to 7 that part qualifying those as members who had 10 years practice in homocopathy as a business, was struck out.

The session then adjourned to meet in the evening at the Con-

gregational church.

WEDNESDAY EVENING.

The meeting at the Congregational Church was opened with prayer by Rev. Dr. C. C. Foote, Mr. Fred. Wessels sang with his usual easy manner and strong voice a solo that was applauded by all. Dr. Gentry, of Kansas City then read an address which was of considerable length. It stated that 7,000 doctors in the United States were homœopathists, and thirteen colleges were under their supervision. At its conclusion, Mrs. Dr. Bishop, of Wisconsin, sang a solo that was loudly applauded and encored.

Dr. Roby then read an original poem on "Our Mission."

Mrs. Judge Foster sang in her usual pleasing manner and was loudly encored and kindly favored the audience with another

The meeting then adjourned, the benediction being given by Rev. Foote.

THURSDAY FORENOON.

Session commenced at the office of Dr. Roby at 9 o'clock. The report of the treasurer was read and accepted, and showed a fair balance in the treasury.

On motion a committee was appointed to draft resolutions of respect to the memory of Dr. Constantine Hering, of Philadelphia. The committee appointed was Drs. Roby, Westover and Klemp.

Dr. Roby then presented a memorial upon the Nestor of homeopathy, Dr. Hering, and on motion the paper was included among the papers and proceedings of the society to be published. The paper entitled "Synopsis of Genesis of Disease" by Dr. H.

F. Klemp, of Topeka, was a masterly effort, and freely discussed by

the learned gentlemen present, who all fully endorsed the views of the author.

On motion of Dr. Gentry, amended by Dr. Roby, a committee of five was appointed to see if homeeopathy would be recognized by the state government, and a physician of that school be selected physician for one of our insane asylums. The chair appointed Drs. Roby? Gentry. Klemp. Dick and Johnson.

Dr. Croskey, of Wichita, thought all members of the association should endeavor to elect a homœopathic sympathizer to the legislature from their various districts, thereby gaining proper recognition in the state. Dr. Johnson of Atchison endorsed this idea.

Election of officers for the ensuing year followed, and resulted as follows: President, Dr. H. W. Roby, of Topeka; vice president, Dr. W. D. Gentry, of Wyandotte; secretary, Dr. J. H. Mosely, of Olathe; corresponding secretary, Dr. T. J. Patchin, of Topeka; treasurer, Dr. G. H. T. Johnson, of Atchison.

On motion Emporia and Wyandotte were suggested as places of

meeting next year, and the latter place was selected.

Dr. Roby moved that the association extend an invitation to the Western Academy of Homocopathy to meet with them at Wyandotte. -Carried.

It was determined also to invite the American Institute of

Homeopathy.

The association then adjourned.

A reception and banquet was held at the Gordon House, and a ball at Guards' Hall. The whole affair passing off pleasantly in all the details.

NEBRASKA STATE HOMEOPATHIC SOCIETY.

OMAHA, NEB., MAY 4th, 1881.

The Nebraska State Homeopathic State Society convened in the Academy of Science rooms, at 2 o'clock P. M. Vice President Dr. C. M. Dinsmoor, of Omaha, in the chair. Dr. H. E. Marr was chosen secretary pro tem.

After the transaction of miscellaneous business, the association listened to the report of the various bureaus, which included the read-

ing of the following papers:

"Hygienic Management of Infants," by Dr. Cooley. of Lincoln. "Phytolaeca in Induration and Swelling of Inguinal Glands," by Dr. Baston.

"Our Materia Medica," by Prof. A. C. Copperthwaite, of the State University of Iowa. On motion of Dr. Parsell, a vote of thanks was tendered Prof. C. for this paper.
"Clinical use of Belladonna," by Dr. B. L. Paine, of Lincoln.
These papers elicited a free and full discussion.

Dr. Copperthwaite, one of the originators of the association, now Dean of the Homoopathic Medical Department of Iowa University, being present, made a few encouraging remarks concerning the past and present, as well as the future prospects of the association. On-motion adjourned until 6:30 P. M.

EVENING SESSION.

Called to order by the president, Dr. Righter, of Lincoln. The following papers were read and discussed: "Thermo Therapeia," by Dr. C. M. Dinsmoor;" A Clinical Case," by Dr. O. S. Wood; "Uterine Displacements," by Dr. Geo H. Parsell.

The association then indulged in a general discussion on matters

pertaining to the interest of homocopathy in the state.

Dr. Righter desired especially to call the attention of the profession to unnecessarily large amount of medicine in public institutions. Report of the treasurer was read and adopted.

The association then proceeded to the election of officers, which

resulted as follows:

President-Dr. B. L. Paine, Lincoln. First Vice President-Dr. A. M. Smith. Second Vice President-Dr. F. B. Righter.

Secretary-Dr. C. M. Dinsmoor.

Treasurer—Dr. O. S. Wood. Censors—Drs. Wood. Parsell, Righter Bumstead, Dinsmoor. Drs. Wood, Dinsmoor, Paine were elected delegates to the Western Academy of Homeopathy.

Dr. Wood was elected a delegate to the American Institute of

Homœopathy.

A vote of thanks was tendered the Academy of Science for the

use of their room.

The association then adjourned to meet in Lincoln, on the fourth Wednesday in May, 1882,

H. E. MARR, Secretary pro tem.

BOOK REVIEWS.

THE PREVENTION OF CONGENITAL MALFORMATIONS, DEFECTS AND DISEASES. By J. P. Burnett, M. D. Duncan Bros., Chicago, Publishers.

This is a small pamphlet of 26 pages which was originally delivered as an address before the British Homocopathic Congress. Croserio was, we believe the first author who proposed a definite plan of antenatal treatment and since his time several writers have touched on the subject, but none we think have given it the attention

it merits.

If Dr. Burnett's article arouses thought and investigation in W. C. R.

SPECTACLES AND HOW TO CHOOSE THEM. By C. H. Vilas, A. M. M. D. Duncan Bros., Publishers.

This is a book of 1t0 pages well written, as might be expected when the well known ability of the author is taken into consideration. The subjects treated of are well worthy consideration, and it is now a fact that no excuse remains for the blundering ignorance that has heretofore directed the selection of spectacles.

The practitioner has usually given the subject little or no attention and left the matter entirely in the hands of uneducated opticians who thought much more of the pecuniary advantages of the transac-

tion than the welfare of the eyes of those selecting.

Doctors should buy this book and by familiarizing themselves with its lessons, protect their patients from injury and imposition.

The sense of sight is, if a discrimination may be made, the most precious of all the senses and anything looking to its preservation and enhancement is a benefaction to be hailed with joy.

Duncan Bros. have done themselves credit in the publication: it is indeed the best book as to paper, typography, etc., they have ever got out.

W. C. R.

How to Use the Forcers. By H. G. Landis, A. M., M. D. E. B. Treat, New York, Publisher.

Much of the absurd objection to the use of the obstetrical forceps has arose from a lack of understanding as to the practical application of the instrument. A more useful, and, in intelligent hands, harmless instrument, was never invented. A scalpel does not inspire prejudice because in careless or ignorant hands it might be used to produce serious injury to the human subject. Neither should the forceps, unless it is understood that the possessor intends to use them as a club or in some other equally preposterous manner.

When we took up Prof. Landis, book, we found it so interesting that we could not lay it down until read completely through from beginning to end. He is a thorough master of his subject, and has told in a clear and lucid way nearly all that is known up to the present time about the scientific use of the forceps,

We are aware that every now and then some Doctor thirsting for advertisement or notoriety, invents a forceps or writes a monograph on this subject and not infrequently does his work so bunglingly that novices become more timid and hesitant in the use of the greatest boon that has ever been afforded to the parturient woman.

The book under consideration is of a high order and anyone having any doubts as to the usefulness of the forceps, or any one who desires to perfect himself in their rational and skilful use, should purchase this book at once.

DISEASES OF CHILDREN. By William Henry Day, M. D.

This is the latest book on the subject of which it treats, by one of England's eminent practitioners. Of all the numerous allopathic treatises on diseases of children, this we think the most modern. The classification of diseases, the pathology and especialy the hygiene are in accordance with the latest and best authorities.

As to therapeutics, we will only quote from the preface. "In arranging the list of prescriptions concentration has been my aim. Certain broad principles are kept in view as regads dose and combination, but the details can be varied at the discretion of the practitioner according to the peculiarities of each case as met with in practice. I have invariably prescribed remedies in safe doses." The italics in the above quotation are ours and show the tendency of old school authorities to be approaching more and more to the standpoint of individualization and the minimum dose. It is said that no one knows his own language thoroughly until he has become well acquainted with another. It is our opinion that much of the bigotry and exclusiveness in both the dominant schools of medicine would melt away if the members of each would familiarize themselves with the literature of the other and that instead of loosing they would knew their own system much better by becoming acquainted with the other.

W. C. R.

BODINES. By Thad. S. Up De Graff, M. D., Elmira, N. Y.

This book, in the way of recreation is almost as good as a summer vacation. It is the history of an annual summer angler's method of

putting in his time at his favorite resort by the brookside. We learn in its interesting pages many things about trout fishing, camp life and pleasures that fairly make one's mouth water.

THE TURKISH BATH.

A book of about 200 pages, by Dr. Geo. F. Adams, St. Louis. The Turkish bath, like electricity and other valuable means of treating disease, has not been employed or understood in any way commensurate with its importance. The fact is, it has not been properly conducted or applied and in many cases has been legated ty quackishpretenders who to a certain extent threw it into bad repute.

Dr. Adams in his book has taken up the subject in a scientific and understanding manner which does credit to his knowledge of the

matter in hand.

We are in the habit of prescribing the Turkish bath frequently in the treatment of disease and feel confident others will do the same when made aware of its merits as set forth in this valuable little book.

MINOR SURGERY. By J. G. Gilchrist, M. D., author of "Surgical Therapeutics.

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HERVIA, STRANGULATED AND REDUCTBLE, with sure by Sub-cutaneous injections and hindr ver Method for Kingsomy, etc. By Joseph H. Waren, M. L., and, with Linguistions. Bos-ton. Published by class, N. Thomas, 217 Fremont Street.

This is in excellent work on a stripe to that has not been as fully developed as the other tains of surgers. The man pursued is simple and so planning teachies, that the menes to in surgery can successfully servern the operations. The one are not well executed, and the proof realing are seen term talenessed performed. But the work is very necessary to every surpset and such at he in every physician solibrary. If out dehers wear, only mark the price of the neck sent us, it would facilitate the work of disposing of them.

J. T. B.

A GUIDE TO THE CLISICAL EXAMINATION OF PATIENTS AND THE DIAGNOSIS OF DISEASE. By Richard Hagen, M. D. Published by Boerieke x Pufer, New York and Philadestina.

Here we have a vork norm needed, formighte past two years our students have inquired where has we get a view in general pathology and flaguous, surfaces for students? We have been at a loss to answer this inquire. But we can now refer all our sudents and young practitioners to this wors, wit fills a long felt want."

We have received from Rufus Darby, if Washingt a. D. C., the following Granteness views: Mover of The Nations. What IS MONEY! THE QUESTION OF THE HOUR. The MONEY OF THE FUTURE. THE ISSUE OF 1881. THE REIGN OF MONOPOLY. BY Dr. A. Board.

All these treets are well written by leading minds who believe the Green ars borran-.

Some man taking that these principlets are but of late, and that the Greenback taking a leady of this is a mistaker some of the the Greenback various leads at this is a mistaket some of the prominent places are been produced to establish a social bridge for the Roud blanca liministration to prevent them from socking a trie got at socialization. Greenbackers said, make green are such legal tendent of all thes, they would then be at par with gold which in an accordance of the currency. This Secretary Socialization is not a viving the in 1875, the country would have been such that such a viving the in 1875, the country would have been such that the interview. Another plank was a bond interest of the such that the first of the social plank was a bond interest of the social plank was a bond in the such as social the first of the first also by issuing the Pest Olice social to a such the fig. of the first last winter. The Social was true to be discussed upon the social true for the bonds and see that the first state of the above heaped upon Green as Social to the country to be banks. Let there be banks of deposition of the social polyce among the planks of deposition of the social polyce among the planks. Let there be banks

of deposition of the and per a manerical purposes, but not be banks of twice.

This plank is still only the Greenbackers, yet the Independent press is a mall of great of the banks have the country by its throat.

The ign service of by a long way, but physicians had better divote many region in laborationate business, and not tarnish their robes by less worning into the Timy political pool; yet every man should study his solver and be able to give an intelligent opinion on all questions of collitical economy.

J. T. B.

Managing Editor's Easy Chair.

With this number we close volume one. The first six months of our journalistic experience as managing editor has been far pleasanter than we had anticipated. The work grows on us, and what we feared would prove irksome has actually become an amusing pastime, so that we look forward anxiously for the time when we are to furnish our monthly contributions to the printer.

We were urged, and in fact almost forced into the position, but now that the pen has been put into our hand, we say emphatically that it shall not be laid aside till abundant victory has been awarded us, and the COURIER shall be acknowledged the leading journal of

the great Mississippi Valley.

The greatest men of the century in science, literature, statesmanship and war, have been produced by this great valley, and we feel that in the heart of the grandest country in civilization there should be a Homeopathic journal worthy of its surroundings. It shall be our earnest endeavor to make the Courier that journal, and we ask the profession to help us do so.

We know there is a vast store of valuable information in the possession of our active practitioners, and we earnestly ask that each and every one may hand in his contributions regularly, thereby aid-

ing us in our great work.

There will be some unimportant changes in the make-up for the next volume, and we expect to have better mechanical execution as to typography, proof-reading, arrangements of subjects or departments, etc.

The COURIER has met with more favor than could have been expected in so short a time, the subscription list is flatteringly long, the advertisement department pays, has been kept clear of objectionable advertisements, and altogether the prospects are bright and encouraging.

RESIGNATION.

Dr. J. T. Kent, one of the editors of this journal and Professor of Anatomy in the Homeopathic Medical College of Missouri, was formerly, as is well known, a leading Eclectic, and although practicing Homeopathy openly for nearly a year, has not, up to the present time, had an opportunity to formally sever his connection with the National Eclectic Association.

Dr. Kent, some time since, severed his connection with all local eclectic organizations, and now, as will be seen below, strikes off the last link in the chain that bound him to the liberal system of medical empiricism, and which is actually but a stepping stone to Homeo-

pathy,

He promises in the near future a full statement of his reasons for change of belief. We await this "statement" with impatience, be-

putting in his time at his favorite resort by the brookside. We learn in its interesting pages many things about trout fishing, camp life and pleasures that fairly make one's mouth water.

THE TURKISH BATH.

A book of about 200 pages, by Dr. Geo. F. Adams, St. Louis. The Turkish bath, like electricity and other valuable means of treating disease, has not been employed or understood in any way commensurate with its importance. The fact is, it has not been properly conducted or applied and in many cases has been legated ty quack-ishpretenders who to a certain extent threw it into bad repute.

Dr. Adams in his book has taken up the subject in a scientific and understanding manner which does credit to his knowledge of the

matter in hand.

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W. C. R.

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lieving it will be worthy the man who has emancipated himself, and now stands fully in the light of the greatest truth ever promulgated in medicine, Homeopathy.

ST. Louis, Mo., May 24th, 1881.

PROF. ALEX WILDER, Newark, N. J., Sec. National Eclectic Medical Association.

Entertaining views with regard to the theory and practice of medicine entirely at variance, if not directly opposed to those held generally by the membership of your body, having indeed, abandoned the administration of drugs in crude form in my efforts to heal the sick, a respect for the association to which I have long been attached, as well as my sense of duty, impels me to announce my withdrawal from it, and to request of you, as the secretary, to erase my name from the roll of membership.

In doing this permit me to say that I shall always recall with pride the uniform courtesy and attention I have received from the membership at large, and toward whom I shall always cherish the kindest regards. "Following the right, as God gives each of us to see the right," I entertain the hope that in the future my relations with its members may be marked with the courtesy of the past, however widely we may differ or warmly advocate each of us our views.

In the near future will be issued a complete expression of my views, with reasons for such changes as I have apparently made; and be it henceforth known that I am an advocate and follower of similia similibus curantur.

similia similibus curantur.

Trusting you will read this at the next meeting, at St. Louis, I subscribe myself,

Respectfully,

J. TYLER KENT.

THE AMERICAN MEDICAL ASSOCIATION LASH.

The American Medical Association, at its late meeting, determined to whip into the ranks all stragglers, and as usual made a faux paux. Hear what the Medical Record, the leading allopathic journal of the country, says about it:

One of the notable features of the general session was the discussion on the proposed amendment to the by-laws referring to the teaching of prospective homosopathic practitioners. The amendment to the by-laws was proposed two or three years ago, and was laid on the table until the present session. The reason for the previous action on the question was an obvious and simple one. It was the opinion of the more conservative members that the association was not prepared to take action on the subject. Nor does it appear that such an opinion would not still hold good in view of the final result of The substitute for the amendment was no better, so far as the vote. concerned the principle involved, than was the original proposition. We have no hesitation in saying that the action taken will not be endorsed by the majority of the profession of the country. Unless we are willing to admit that the teaching of truth is harmful, that education is dangerous, that true science can be misconstrued, and that the right will not always prove itself such, we are forced to acknowledge that the association has taken a step backward in its present course It is, in truth, a lamentable confession of the lack of faith in the perpetuity of rational medicine. It is so clearly out of the province of the association to dictate to what purposes medical education may be used, that the action is absurd on its face. On the contrary, it is in perfect accord with the interest of the public and

with the honor of the profession to use every means to properly educate any one who may wish to become a physician. After such an education the physician can use his knowledge as he may see fit. Deny him this right, and we not only hinder advancement, but descend to bigotry. Such a course is contrary to the spirit of our institutions.

If we desire to crush out of existence all irregular forms of practice, the safer way is to educate the prospective practitioners of the same up to the point of disbelieving in false science. If we are not able to do this, let us seek for more light rather than shut up what we have. As it is, the association by its course has not only done a stupid thing in voting as it has done, but has still further stuitified itself by making a law which is virtually inoperative, for there is really no power to enforce it, either by legal, moral, or social measures.

PERSONALS AND LOCATIONS.

We were honored recently by a call from Prof. T. P. Wilson, of Ann Arbor. He reports the University in a flourishing condition so far as the Homœopathic department is concerned. We feel confident it will continue so as long as Franklin and Wilson are "on deck."

DETROIT, MAY 1st, 1881.

DEAR DOCTOR. EDITOR COURIER:

I beg permission to notify you that I have removed my office and residence to No. 66 Howard street, corner of Second.

Respectfully, J. G. GILCHRIST, Consulting Surgeon.

HANNIBAL, MAY 12th, 1881.

I shall remove to Kansas City 21st of May. Dr. F. A. Bishop of New York succeeds to my practice here. Yours,

Dr. J. I. Groves removed from Thornton to Shanondale, Ind. Dr. A. E. Sander removed from Amity to Portland, Oregon,

Dr. G. H. Morrison has located at Winetka, Ills.
A Physician, Homeopathic, is wanted at Cumberland Mills,
Me. Address, Geo. W. Brown.

HOMEOPATHIC SOCIETY MEETINGS.

Wisconsin State, June 1 and 2, Fond du Lac. Western Academy, June 8, 9, and 10, Chicago. American Pædological, June 3, New York. American Institute, June 14, 15, 16, 17, Brighton Beach, N. Y. World's Convention, July 11, 12, 13, 14, London, England.

AMERICAN MEDICAL ASSOCIATION.

If this Association at its last meeting had debated the question of quack advertising, which at present so thoroughly pervades the entire ranks of our allopathic brethren, instead of spending their breath, and exhausting their eloquence in arguing the question of admitting irregulars, "so called," to their schools and graduating classes, it would have been much to their credit and beneficial to the country at large. There were many good things said and reported, but it was like looking after a lost diamond in a wilderness to

find and separate the doings and sayings of the Association from the advertisements that filled the greater number of the pages of the report. Small doctors and drug manufacturers are so ambi-tious to place themselves before the public, that one can scarcely help becoming disgusted with such nonsense and quackery.

This microcephalic tribe seem to have a mania for signing their names to the merits of some compound in order that they may be-come noted and behold their names in print. Their experience is as vague as their clinical reports are ridiculous, and only calculated to deceive and misical the pupils. It is true that medical science is degraded and disgraced, but by her would be bosom friends. Her ranks are throughd with Judases, whose only aim is to secure the almighty dollar. And the men who have so much to say about quackery are the Achan in the camp.

When the regular stops his ignorant misleading and quackish When the regular stops his ignorant advertising, will the profession attain the dignity they assume, J. W. T.

CASE FOR ADVICE.

PROVIDENCE, MAY 9th, 1881.

DR. MATHISON:

DEAR DOCTOR .- I have a young lady patient some 14 years old. Some 3 years ago she had typhoid fever and now every winter she has erysipelas of the leg and knee. I did not tend the case of typhoid fever. If you can help me any, from so vague a description. please do so and oblige, Yours,

G. S. ROBINSON, M. D.

P.S .- She has mensturated.

ANSWER

Graphites 200 has helped me in many cases of chronic erysipelas. However, you had better obtain more information concerning your patient as to the character of the erysipelatous inflammation, aggravations, ameliorations and concomitant symptoms.

Kali chlor, and natrum sulph, are frequently well indicated in erysipelas, the former for the vesicular, and the latter for the smooth rariety.

THOS. MATHISON,

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THE

HOMEOPATHIC COURIER.

A MONTHLY JOURNAL

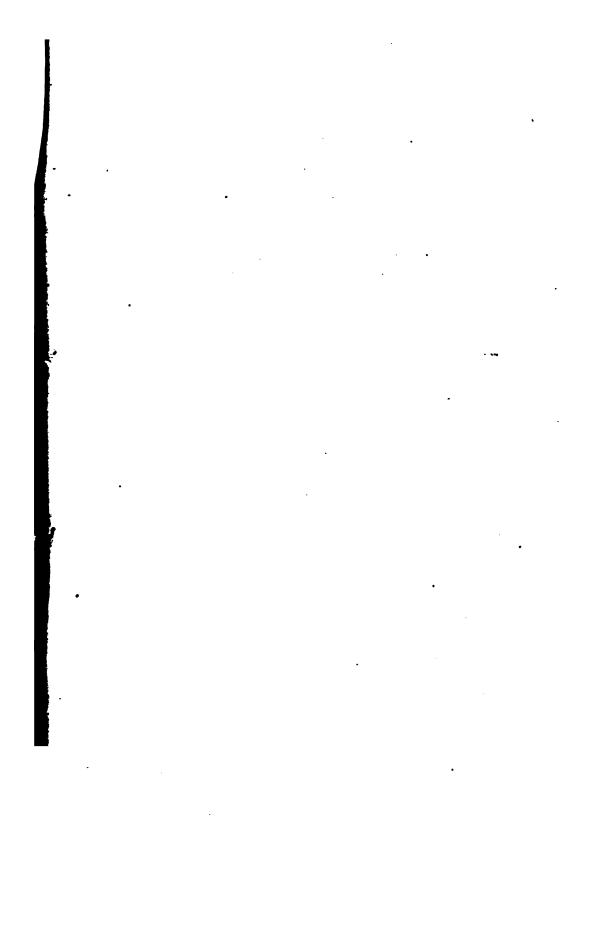
Devoted to Homoeopathic Medicine and Surgery,

VOLUME I.-1881.

W.M. C. RICHARDSON, M. D., Editor.
J. F. KENT, A.M., M. D., J. T. BOYD, M. D., J. W. THRASHER, M. D.
Assessing Edit is

SAINT LOUIS.

H I VERDIER PUBLISHER TO! CHESTNUT STREET, 1881.



INDEX. .

	A.
Appplicator, Rectal, Kent's	
Absurdities, Gyracological	
Aspermatism	
Applicators, Probes, Dilators	
Address to Grad. Class of Hom. Med	l. Col. of Mo., Thrasher, Prof241
A Fair Description of Alloyathy	ture
A Good Elastic Glue	
	B.
Boyd, Prof	4. 65, 74, 129, 193, 257
Book Reviews	
Eaton on Diseases of Women	
The farm of Thereporties	ake Them
Is Consumption Contagions?	ra
Trans. of Am. Hom. Oph. an	
Physicians' Mem. Book	
New Index Rerum	
Teething and Croup	
Objective Points in Treat of	
The Man of the Future	
Ingersollism	
How to See with the Microso	na lak
Trans. World's Hom. Conver	ntlon
Catarrhal Diseases of Nasal	1tion 187 and Respiratory Organs 1-7 247 Law 248
Am Man of Parliamentary	T and 916
The Prevention of Congenits	al Malformations, etc
Spectacles and How to Choose	se Them 371
How to Use the Forcens	
Diseases of Children	
Bodines	
Minor Surgery	
Aids to Diagnosis	373
Hernia, Stranuglated and R	973 educible
A Guide to Clinical Ex. of Pa	atients, etc
treenback tracts	
Brain and Mind, Observations of	993
Riliary Calculi	
Dillary Careament	
	C.
Condensed Materia Medica	
Cerebral Traumatism	
Cerebral Localization	
Change Interesting Obstatrical	
Cancer, Interesting Obstetitoal	
Colleges	
Catarrh, Uterine	
Consumption	129
Calcaria Silicata	193 244
Carbonate of Lithia	272
Cases in Practice	
Correspondence	- 810
Calculi, Biliary	
Chronic Rheumatism	
Case for Advice	
· wat IUL AUTIUE,	



INDEX.

	T
Total Communication of the Com	D.
puspiacements, Management of	<u></u>
Degree, New	reatment of
Diagnosia Surgical Cilebriat	reatment of
Dilators Probes Applicators	
Diseases of the Heart, Functional	957 991
instance of the interest in the interest in	E. 23 39 270 314 314 349
	E.
Electricity, Abuse of	
Eaton, A. M., M. D.,	
Ergotism in Russia. Epidemic of	
Electric Lighton Vision	
Eucolypus in Bronchitis	
r.czema	
	G.
Gynæcological Hobbies	37 111
Gilchrist, Prof. J. G	111
	TT
Hobbies. Gynæcological	
Health, Planetary Induence on	60,
Howe, Prol. A. J However Hot Wat	tow Injections from 100
Humorrhoide	177
Heart Discases of Functional	257. 8:1
Hemorrhage After Surgical Operation	ns290
	-
	I
Iritis, Syphilitic	
Intermittents, Pernicious	
Indoporm	
innammation of the Great Sciatic A	erves
	J.
Jones S. A. W. D.	13
, o. 11., 12.	• • • • • • • • • • • • • • • • • • • •
	K.
Kent, Prof	K22, 23, 25, 91, 93, 158, 204, 275, 278
Kent, Prof	K
Kent, Prof	IK
Kent, Prof	M22, 23, 25, 91, 93, 158, 204, 275, 278
Medicine, Rational Materia Medica, condensed	M
Medicine, Rational Materia Medica, condensed Managements of Displacements Managing Editor's Enay Chair.	M
Medicine, Rational Materia Medica, condensed Manazements of Displacements Managing Editor's Easy Chair Mind, Matter and Memory	M. 22, 23, 25, 91, 93, 158, 204, 275, 278 M. 4 12 25 58, 124, 188, 249, 315, 375
Medicine, Rational Materia Medica, condensed Manazements of Displacements Managing Editor's Easy Chair Mind, Matter and Memory Moral Insanity and Deprayity, and t	M
Medicine, Rational Materia Medica, condensed Managements of Displacements Managing Editor's Ensy Chair Mind, Matter and Memory Moral Insanity and Depravity, and t Modern Medicine and Med. Practice	M
Medicine, Rational Materia Medica, condensed Manazements of Displacements Managing Editor's Easy Chair Mind, Matter and Memory Moral Insanity and Depravity, and to Modern Medicine and Med. Practice Melancholia	M
Medicine, Rational Materia Medica, condensed Manazements of Displacements Managing Editor's Easy Chair Mind, Matter and Memory Moral Insanity and Depravity, and t Modern Medicine and Med. Practice Melancholia	M. 4 12 12 158, 124, 188, 249, 315, 375 162 162 162 163 164 179 179 187 187 187 187 187
Medicine, Rational Materia Medica, condensed Manazements of Displacements Managing Editor's Easy Chair Mind, Matter and Memory Moral Insanity and Depravity, and t Modern Medicine and Med. Practice Melancholia	M. 4 12 12 158, 124, 188, 249, 315, 375 162 162 162 163 164 179 179 187 187 187 187 187
Medicine, Rational Materia Medica, condensed Manazements of Displacements Managing Editor's Easy Chair Mind, Matter and Memory Moral Insanity and Depravity, and t Modern Medicine and Med. Practice Melancholia	M. 4 12 12 158, 124, 188, 249, 315, 375 162 162 162 163 164 179 179 187 187 187 187 187
Medicine, Rational Materia Medica, condensed Manazements of Displacements Managing Editor's Easy Chair Mind, Matter and Memory Moral Insanity and Depravity, and t Modern Medicine and Med. Practice Melancholia	M. 4 12 12 12 58, 124, 188, 249, 315, 375 162 162 164 Hypothetical Case 220 327 334
Medicine, Rational Materia Medica, condensed Manazements of Displacements Managing Editor's Easy Chair Mind, Matter and Memory Moral Insanity and Depravity, and t Modern Medicine and Med. Practice Melancholia	M. 4 12 12 12 58, 124, 188, 249, 315, 375 162 162 164 Hypothetical Case 220 327 334
Medicine, Rational Materia Medica, condensed. Manazements of Displacements Managing Editor's Easy Chair Mind, Matter and Memory Moral Insanity and Depravity, and t Modern Medicine and Med. Practice Melancholia Nerve Influence on Tissues. Nerve Centers Nitro-Glycerine in Bright's Disease Nitro-Glycerine in Vascular Tension	M. 4 12 25 18, 124, 188, 249, 315, 375 19, 104 19, 105
Medicine, Rational Materia Medica, condensed. Manazements of Displacements Managing Editor's Easy Chair Mind, Matter and Memory Moral Insanity and Depravity, and t Modern Medicine and Med. Practice Melancholia Nerve Influence on Tissues. Nerve Centers Nitro-Glycerine in Bright's Disease Nitro-Glycerine in Vascular Tension	M. 4 12 25 18, 124, 188, 249, 315, 375 19, 104 19, 105
Medicine, Rational Materia Medica, condensed. Manazements of Displacements Managing Editor's Easy Chair Mind, Matter and Memory Moral Insanity and Depravity, and t Modern Medicine and Med. Practice Melancholia Nerve Influence on Tissues. Nerve Centers Nitro-Glycerine in Bright's Disease Nitro-Glycerine in Vascular Tension	M. 4 12 25 25 58, 124, 188, 249, 315, 375 he Hypothetical Case 220 327 334 N. 103 105 106 107 107 108 108 108 109 109 109 109 109 109 109 109 109 109
Medicine, Rational Materia Medica, condensed. Manazements of Displacements Managing Editor's Easy Chair Mind, Matter and Memory Moral Insanity and Depravity, and t Modern Medicine and Med. Practice Melancholia Nerve Influence on Tissues. Nerve Centers Nitro-Glycerine in Bright's Disease Nitro-Glycerine in Vascular Tension	M. 4 12 25 18, 124, 188, 249, 315, 375 19, 104 19, 105
Medicine, Rational Materia Medica, condensed Manazements of Displacements Managing Editor's Easy Chair Mind, Matter and Memory Moral Insanity and Depravity, and t Modern Medicine and Med. Practice Melancholia Nerve Influence on Tissues. Nerve Centers Nitro-Glycerine in Bright's Disease Nitro-Glycerine in Vascular Tension Ordway, L. S., M. D. Organon, The	M. 4 12 12 15 158, 124, 188, 249, 315, 375 162 164 Hypothetical Case 220 17 187 187 198 199 199 199 199 199 199 199 199 199
Medicine, Rational Materia Medica, condensed Manazements of Displacements Managing Editor's Easy Chair Mind, Matter and Memory Moral Insanity and Depravity, and t Modern Medicine and Med. Practice Melancholia Nerve Influence on Tissues. Nerve Centers Nitro-Glycerine in Bright's Disease Nitro-Glycerine in Vascular Tension Ordway, L. S., M. D. Organon, The	M. 4 12 12 15 158, 124, 188, 249, 315, 375 162 164 Hypothetical Case 220 17 187 187 198 199 199 199 199 199 199 199 199 199
Medicine, Rational Materia Medica, condensed Manazements of Displacements Managing Editor's Easy Chair Mind, Matter and Memory Moral Insanity and Depravity, and t Modern Medicine and Med. Practice Melancholia Nerve Influence on Tissues. Nerve Centers Nitro-Glycerine in Bright's Disease Nitro-Glycerine in Vascular Tension Ordway, L. S., M. D. Organon, The	M. 4 12 25 158, 124, 188, 249, 315, 355 162 164 Hypothetical Case 220 334 N. 105 105 106 107 108 108 109 109 109 109 109 109 109 109 109 109
Medicine, Rational Materia Medica, condensed Manazements of Displacements Managing Editor's Easy Chair Mind, Matter and Memory Moral Insanity and Depravity, and t Modern Medicine and Med. Practice Melancholia Nerve Influence on Tissues. Nerve Centers Nitro-Glycerine in Bright's Disease Nitro-Glycerine in Vascular Tension Ordway, L. S., M. D. Organon, The	M. 4 12 25 158, 124, 188, 249, 315, 355 162 164 Hypothetical Case 220 334 N. 105 105 106 107 108 108 109 109 109 109 109 109 109 109 109 109
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Medicine, Rational Materia Medica, condensed Manazements of Displacements Managing Editor's Easy Chair Mind, Matter and Memory Moral Insanity and Depravity, and t Modern Medicine and Med. Practice Melancholia Nerve Influence on Tissues. Nerve Centers Nitro-Glycerine in Bright's Disease Nitro-Glycerine in Vascular Tension Ordway, L. S., M. D. Organon, The	M. 4 12 12 15 158, 124, 188, 249, 315, 375 162 164 Hypothetical Case 220 17 187 187 198 199 199 199 199 199 199 199 199 199
Medicine, Rational Materia Medica, condensed Manazements of Displacements Managing Editor's Easy Chair Mind, Matter and Memory Moral Insanity and Depravity, and t Modern Medicine and Med. Practice Melancholia Nerve Influence on Tissues. Nerve Centers Nitro-Glycerine in Bright's Disease Nitro-Glycerine in Vascular Tension Ordway, L. S., M. D. Organon, The	M. 4 12 12 15 158, 124, 188, 249, 315, 375 162 164 Hypothetical Case 220 17 187 187 198 199 199 199 199 199 199 199 199 199
Medicine, Rational Materia Medica, condensed Manazements of Displacements Managing Editor's Easy Chair Mind, Matter and Memory Moral Insanity and Depravity, and t Modern Medicine and Med. Practice Melancholia Nerve Influence on Tissues. Nerve Centers Nitro-Glycerine in Bright's Disease Nitro-Glycerine in Vascular Tension Ordway, L. S., M. D. Organon, The	M. 4 12 12 15 158, 124, 188, 249, 315, 375 162 164 Hypothetical Case 220 17 187 187 198 199 199 199 199 199 199 199 199 199
Medicine, Rational Materia Medica, condensed Manazements of Displacements Managing Editor's Easy Chair Mind, Matter and Memory Moral Insanity and Depravity, and t Modern Medicine and Med. Practice Melancholia Nerve Influence on Tissues. Nerve Centers Nitro-Glycerine in Bright's Disease Nitro-Glycerine in Vascular Tension Ordway, L. S., M. D. Organon, The	M. 4 12 12 15 158, 124, 188, 249, 315, 375 162 164 Hypothetical Case 220 17 187 187 198 199 199 199 199 199 199 199 199 199
Medicine, Rational Materia Medica, condensed Manazements of Displacementa Manazements of Displacementa Managing Editor's Easy Chair Mind, Matter and Memory Moral Insanity and Depravity, and t Modern Medicine and Med. Practice Melancholia Nerve Influence on Tissues. Nerve Centers Nitro-Glycerine in Bright's Disease Nitro-Glycerine in Wascular Tension Ordway, L. S., M. D. Organon, The Phelan, Prof Personals. Planetary Influence on the Health Psychological Science in Curriculu Post Partum Hem., Hot Water Injec Prolapsna Ani Position in Labor Probes, Dilators and Applicators Picrotoxine, Psychological Action o Prostatitis Resulting in Abecess. Parambymosis Local Treatment of Parambymosis Local Treatment of Parambymosis Local Treatment of	M. 4
Medicine, Rational Materia Medica, condensed Manazements of Displacementa Manazements of Displacementa Managing Editor's Easy Chair Mind, Matter and Memory Moral Insanity and Depravity, and t Modern Medicine and Med. Practice Melancholia Nerve Influence on Tissues. Nerve Centers Nitro-Glycerine in Bright's Disease Nitro-Glycerine in Wascular Tension Ordway, L. S., M. D. Organon, The Phelan, Prof Personals. Planetary Influence on the Health Psychological Science in Curriculu Post Partum Hem., Hot Water Injec Prolapsna Ani Position in Labor Probes, Dilators and Applicators Picrotoxine, Psychological Action o Prostatitis Resulting in Abecess. Parambymosis Local Treatment of Parambymosis Local Treatment of Parambymosis Local Treatment of	M. 4
Medicine, Rational Materia Medica, condensed Manazements of Displacementa Manazements of Displacementa Managing Editor's Easy Chair Mind, Matter and Memory Moral Insanity and Depravity, and t Modern Medicine and Med. Practice Melancholia Nerve Influence on Tissues. Nerve Centers Nitro-Glycerine in Bright's Disease Nitro-Glycerine in Wascular Tension Ordway, L. S., M. D. Organon, The Phelan, Prof Personals. Planetary Influence on the Health Psychological Science in Curriculu Post Partum Hem., Hot Water Injec Prolapsna Ani Position in Labor Probes, Dilators and Applicators Picrotoxine, Psychological Action o Prostatitis Resulting in Abecess. Parambymosis Local Treatment of Parambymosis Local Treatment of Parambymosis Local Treatment of	M. 4 12 25 158, 124, 188, 249, 315, 355 162 164 Hypothetical Case 220 334 N. 105 105 106 107 108 108 109 109 109 109 109 109 109 109 109 109

INDEX.

	R.
Bootel And Booten Cont	4 22 22 25, 294, 6 294
Dishardson Dark	
Purtum of the Utame A Case of	
Postore of the Ctorns, A Case of	21mi
	345
	373
	S
•	O .
Society Reports.	
	9t
Science, Psychological	* · · · · · · · · · · · · · · · · · · ·
surgical Diagnosis	
Syphilis, Suppression of	
Singing as cause of Uterine Diseases.	2°1 270
Spinal Curvature	289 .211
Society Meetings Criticised	
Society Meetings	
Scarlet Fever, To Prevent Spreading of	
Society Transactions	369
•	T.
Changhan Dr.C	42, 114, 177, 180, 231, 241, 288, 289
	114
Tuboroulan Dhthiais	Takes
Thompsontia I D Harri M U	
There should Follow the Law	
They Should rollow the Daw.	
To Prevent Spreading of Scarlet rever	(-نون ، ، ، ، ، ، ، ، ، ، ، ، ، ، ، ، ، ،
Transparent raint for Glass	345
The True Physician	
٦	υ .
I'tarina Catarrh	103
L'tarino Diaman Singing us Causa of	
I'tame Punture of	-Mail
T'tama Rustum of	294 296
7	\mathcal{N}
What is it, Rational Medicine	4
	231
Wounds, Dressing	

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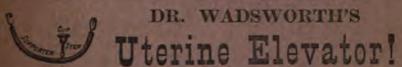
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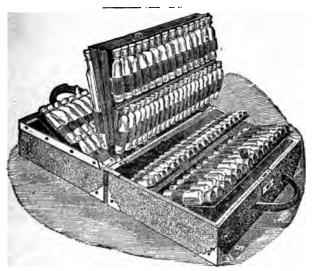
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(See previous page.)

The Homeopathic Courier.

VOL. II.

AUGUST, 1881.

No. 2.

Theory and Practice.

CLINICAL CASES.

Case I.—Nasal Catarrh. Child 4 years old, rather small; backward in learning to talk; complexion yellow; often has chills, sometimes followed by fever; much thirst constantly. The child has eaten salt out salt dish by mother's plate. Child constipated; constant discharge of white-of-egg substance from both nostrils, down the lip. The father has had syphilis. The child is peevish and changeable in disposition.

Natrum mur. 12 x, 2 weeks. No return of the disease. In three months, child presents healthy look and articulates plainly. Nasal discharge all gone.

Case II. Ecsema.—Child six years old, eruption entirely covering the skin. The face very red and covered with scales, piled one upon another the thickness of an eighth of inch—scales thin and dry. No moisture about the eruption. When the scales were torn off by violence the skin would bleed slightly, but otherwise no blood and no discharge. In the hair the scales looked like a gross variety of dandruff, shelling off in great flakes. The thickness of piled up scales in the hair, over the entire scalp was very



great. The arms and legs produced a thinner crop. The eyelids, palms and soles were exempt. The mucous membranes were healthy, and the child went about remarkably healthy, considering the extent of the eruption. There was much itching and burning. She would not scratch it as it aggravated the itching. This case had been treated by crude medicine in *good hands*, for more than eight months, constantly growing worse. The child took calc. c. 200., repeated as indicated. In three months the child was entirely smooth, No other remedy—no wash. Mother and child happy.

Case III. Gastric Irritation—Vomiting persistent, even water was ejected as soon as it reached the stomach. Tenderness over pit of stomach; tongue red at tip and very dry; great thirst; fluids gurgled down œsophagus—three days standing. After the usual remedies failed, amygdalis persica, 6 x was given no more vomiting.

Case IV. Consumption.—Mrs. McHugh, tall, spare, stoop-shouldered Irish woman; has suffered from phthisis pulm. many years; diagnosis of several physicians: dullness over upper part of both lungs; coughs night and day; sleep little; raises an enormous quantity of thick yellow sputum. Much pain in both lungs; able to be about the house; somewhat asthmatic and considerably emaciated; no appetite; she seems to be going down fast. May 10, prescribed calcaria silicata 30, to be taken in water; three powders, each powder to be put in a half glass of water and a tablespoonful to be taken every two hours.

To the calcaria silicata is attributed the remarkable train of mental symptoms, below enumerated:

She finished the first powder in two days, when the following symptoms began:

She is surrounded by corpses. She sees friends (husband and sons) who have long been dead. Talks nonsense and

silly things; talks coherently, but about impossible things. There is no fever; her temperature is normal throughout; wants to get dinner for the dead folks all day; must hurry; constantly calls those who are dead; answers the voices of the dead; thinks they are living; answers correctly and goes off into muttering; wants to go out through the windows; she is not violent yet feels grieved and cries while they refuse to let her go out after her (dead) husband and (dead) son; she sits and weeps by the hour all because they restrain her from waiting on her husband and son, saying, "they will starve if I do not feed them."

The living son (who is now with her, attending to her) she calls by the name of the dead one. Some of the time she does not comprehend what is said to her; all the time muttering foolishly; no fever, and sees dead folks.

This state of affairs began the second day of medicine. The 15th of May, symptoms unchanged; she was given blanks. The 16th and 17th, no change in symptoms day or night: sleepless and wandering—walking up and down the floor. In the evening the son asked me if I could not relieve the terrible state.

Hyoscyamus, 200, one dose was administered. She came to herself one hour after and slept well during the night. The cough is much improved, and the sputum has a milder appearance. There has been no mental disturbance in the family. Extreme aggravation of the mental symptoms was noticed in afternoon and evening. June 20, she has recovered entirely. July 20, she is a picture of health.

TRANSLATIONS FROM THE RUNDSCHAU.

BY A. TOMHAGEN, STUDENT.

HYDROPHOBIA.

A case of seven weeks in incubation stadium.

On the 29th of June, 1880, in the afternoon, I was called to see an eight-year-old boy named Glaser, in the village of Denstedt, who had complained of fever and pain in the throat when swallowing, since June 28th, at noon. According to the opinion of the parents, the measles, which prevailed at the time in the village, were coming on. I found the boy in a moderate fever, perspiring copiously, with a very uneasy expression upon the countenance, and breathing laboriously. The pupils appeared somewhat dilated. Auscultation and percussion showed nothing abnormal. By holding the tongue down to examine the throat the boy made peculiar strangling movements, upon which I did not bestow any special attention at the time, because, a great many such movements will be produced by holding down the tongue. The tongue itself showed nothing peculiar, no inflammation was perceptible. Ut aliquid fiat, I prescribed natr. nitr. with the instruction to let me hear the news the following morning. As early as four o'clock the father summoned me and said, that since eight hours the boy was lying in uninterrupted spasms; that he could not take the medicine because he could not swallow; but that there appeared to be great thirst. After abatement of the convulsions, he gains his recollection, but speaks very peculiarly hasty and broken. These symptoms disclose to me a rabbies poisoning. I found out from the father by questioning, that on the first Whitsuntide holiday, his son, while playing in the street, had been bitten by an ownerless dog, that ran through the village. The wound had hardly bled

and therefore no further notice was taken of it. When I came to the patient, a perfect collection of symptoms of hydrophobia were evident. The boy, covered with perspiration, threw himself about restlessly in bed; by speaking loudly to him, he instantly, as it appeared, became conscious, but he was not able to speak. The pupils were dilated ad maximum. The cicatrized wound on the left humerus was as large as a pea, and possibly not distinguishable from any other; the surroundings did not show the least deviation from the normal. The attempt to swallow a spoonful of water which I handed him, caused violent throat and lung convulsions. The same continued almost uninterruptedly during my hour's visit. I injected subcutaneously morphium. About 9 o'clock in the morning, not 48 hours from the beginning of the stadium podromorum, he expired; death approached under general convulsions. The same day I learned that in a neighboring village, Kromsdorf, about one mile distant, two dogs were killed, because they were thought to be mad. The above mentioned dog was seen in this vicinity during Penticost. Therefore it appears obvious that the infection of the boy and two dogs occurred on the same day. The incubatio stadium lasted seven weeks in both cases.

DR. KNOPH WEIMAR.

SYCOSIS.

A lady was taken sick after a fright which the sudden death of a sister caused. She was affected with a violent pain in the right thigh, which proved to be sciatica. The tibia as well as the femur was affected very much. The family physician was first called in; the treatment did not affect a cure. Then the more prominent physicians of the neighboring towns were called in for consultation. The patient received subcutaneous injections, narcotic

poultices, etc. Internally they gave so much morphium and chloral hydrate that they did not relieve her any more.

After treating her three months without any result the doctors told her that they could not help her, not even if she was the Emperor of Russia. The incurable nature of her disease was published in the papers. She being in that condition they sent a telegraph despatch to me. I went and found the patient whimpering and groaning. She told me that the strongest doses of chloral hydrate produced no relief, and since three horrible months she suffered day and night from these pains as at present. By the least movement the pain increased in the joint and whole extremity, particularly in the region of the ischium. She felt a sensation of crawling (as of insect) in the extremities and pains extended through the tibia into the heel and were continuous. An inguinal gland in the region of the groin was swollen. I concluded to give internally, sepia, 6x, and to have the foot rubbed with scrophulosis m salve. The improvement was slight for the first day, but the patient constantly remained hopeful. By my second visit I discovered little insignificant green spots in the chemise; then it occcurred to me at once, that the fright as an incidental cause, the swollen inguinal gland, the green spots, all indicated sycosis. I tarried no longer and gave thuja at once—the result was striking. Immediately after the first day the pains were so alleviated that the patient became tolerably comfortable, and for the first time after a long period a refreshing sleep set in. In about six weeks the patient attended her work again. She told me that she could still feel where the pain had been, and thought it was so slight she would discontinue the treatment and let it pass away itself. For about one or two weeks everything passed favorably; then she went to a ball and was induced to dance. She

had to suffer for this indiscretion. On the following morning her trouble had returned nearly as severe as before. First they waited a few days to see whether it would not pass off itself, then they sent for me. I found the inguinal gland much swollen, although it returned to its normal size by the same treatment, as at first the os sacrum was also very painful and sensative. I gave thuja again and caused immediate relief, as the first time.

DR. MUENNINGHOFF.

LIARS HARDLY EVER MAKE THEIR STATE-MENTS "CONSIST."

A writer in the *Druggist's Circular* has the following about "homœopathic pharmacy:

"In regard to the claims of homœopathic pharmacy, permit me to give you my own personal experience."

"Years ago, I acted as bookkeeper in a certain very popular German homœopathic pharmacy in one of the larger cities. The proprietor also kept stationery, books, pictures, etc. Sometimes, when there was a rush of customers, I would assist him. His modus operandi in dishing out similia similibus was as unique as it is simple. also paid tolerably well. He had, neatly arranged in drawers, hundreds of one and two-ounce vials; the corks bore the imprints: Aconitum nap., arnica, belladonna, nux vomica, sulphur, etc., etc. The clear liquids were ostensibly official dilutions used for saturating the nice, dear little pellets or globules, to medicate them, as it were, with this or that homœopathic potency. His charges were from ten to twenty cents for each onedrachm vial filled with sugar pellets so saturated. Well the larger one and two-ounce stock vials would often run out, especially the more popular brands, when Mr. Homceopathic Pharmacist would simply send for a pint of alcohol to the next drug store, dilute the same with aqua

fluvialis, shake the mixture, and refill all these nice vials in his drawers, often remarking—when no victim was near—that that was all right. It was all humbug anyhow! And so it was! The fools paid their honest money for the cute-looking little drachm vials filled with sugar pellets, and supposed that they were really medicated with infinitesimal dilutions of the active principles of the homœopathic mother tinctures! Even homœopathic doctors would buy this diluted alcohol, and they got it at a discount, say about 25 cents per ounce vial! For mother tinctures, common fluid extracts from an Eastern manufacturer who never enjoyed much of a reputation were used. This pharmacy does yet a flourishing business in that city!

No doubt this statement will be published and republished in allopathic journals, and be taken up and used by cross road country doctors, as an evidence of the dishonesty of homœopathic pharmacists and the gullability of homœopathic practitioners, when the whole statement stamps itself as a base falsehood. Imagine homœopathic doctors, medicating pellets of sugar of milk with dilute alcohol, and never knowing the difference, when the child knows that dilute alcohol would dissolve the pellets at once.

B.

ABSTRACTS.

The following is the additional clause of the code that was adopted by the American Medical Association:

"It is not in accord with the interest of the public or the honor of the profession, that any physician or medical teacher, should examine or sign diplomas or certificates of proficiency, for, or otherwise be specially concerned, with the production of persons whom they have good reasons to believe, intend to support and practice any exclusive or irregular system of medicine." This was an unconcealed attack on the University of Michigan, and Dr. Dunster of that State, defended the position and said, that to pass this addition to the code, "would be a step backwards, and lead the world to think it a confession of lack of confidence or faith in the perpetuity of rational medicine, and add force to reproaches so often heaped upon us for our intollerance and bigotry."

Notwithstanding the association passed the resolution, and the code is so amended.

Now the question is, what will the University of Michigan do in the premises? Will they abandon their medical department, exclude the homœopaths, or ignore the, code? Of course, they cannot do the first or second, and will be compelled to do the last.

We are glad to see this, for "whom the Gods wish to destroy, they first make mad," and this is the entering of the wedge that will soon split the code wide open, and the reaction must be in favor of liberty in medicine.

PSORA, PSORINUM, AUTOPSORIN, ETC.

BY S. GIBBONS, SR., M. D.

In the Pacific Medical Journal there is an article against Homœopathy, headed as above. The writer says: "It is a common cause of complaint by homœopaths against physicians of the regular school, that the latter denounce homoœopathy without inquiring into it, and that their judgment of the system is therefore founded on ignorance and prejudice. In the early period of my professional life, when the system, or practice—for it scarcely admits of either appellation—was a novelty in America, I made it the subject of inquiry, taking Hahnemann's Organon as my guide. From that time onward I have never lost sight of it, either in the presentation by

its own press or through the practice of its professed believers. Again and again I have come into friendly collision with its avowed practitioners, sometimes in public discussion, more frequently in private conversation, and I am now prepared to say deliberately and confidently that in all the fifty years covered by my inquiries, I have met with very few who seemed to know much, or anything, about their own system, or who gave evidence that they had ever read the great bible of their founder."

This assertion may go for what it is worth. Ignorance of the science that they profess to follow is not peculiar to homoeopaths. It is a lamentable fact, that many practicing allopathy, are sadly ignorant of the principle branches of their own profession, and in practice pursue a routine course or follow the fashion of the time. Sometimes the fashion is to follow pathology, that is commonly called the Brownoning—that is, that all diseases arise from a sthenic diathesis, and consequently bleeding and antiphlogistic treatment is the result and the fashion. Then it is the idea of an asthenic diathesis, and consequently whisky and quinine is the practice and the fashion, and very many practicing allopathy do not know anything but to give whisky and quinine.

Ignorance is reprehensible in the individual, but it does not argue against the science that he pretends to understand; if it did there would be no science, for there are not wanting men who profess to understand, but who are remarkably ignorant of all science.

"I will go a little farther. Take a given number of homœopathic 'doctors' just as they come, say twenty, and the same number of regular practitioners just as you find them, the latter will know more collectively about homœopathy than the former; that is to say the average regular practitioner has more knowledge on the subject than the average homœopath. It is only within a few

years that any considerable portion of the 'doctors' of this school have been taught or trained in it. Most of them went into it on speculation, or because they were starved out of the old school. Even now, when you encounter a homœopath profound in his own literature, he is likely to have a German brain."

If the writer means by this, the gags or witty or otherwise sayings against the practice of homœopathy, it is not likely that allopathy will allow them to be forgotten, but if he means the science of the homœopathic law, it is a plain fact that very few allopaths know anything of that science; and when they do come to understand it, they adopt the homœopathic practice at once.

"Homoeopathy is a like a coin-it has two sides, a head and a tail, as boys say. The head bears the inscription, 'similia similibus;' the tail has a unit followed by sixty ciphers, indicating the number of doses which one grain of chalk or charcoal, or one drop of poppy or belladonna juice would make when carried to the 30th potency-the Hahnemannian standard. Now, a homœopath never shows this side of the coin. He always talks 'similia;' never potency. Who ever heard of a homoeopath explaining to a patient that the pellet he is swallowing contains less than the millionth part of the millionth part of the millionth part of a grain of common salt or of flint! Who ever heard of one of this school informing a patient with incipient hydrophobia, that the medicine given him to smell, not to swallow, and which will cure him, contains the decillionth part of a grain of chalk; or rather that it contains no chalk at all, but derives its curative power from a grain of chalk which has been rubbed up with sugar into a sort of infinite non-existence! (How is that for a knowledge of chemistry). Did you ever know a homoeopath, in prescribing for the itch, to inform his patient that the medicine consisted in minute quantities of itch scabs?"

Homoeopaths have never tried to hide the obverse side, but it is a remarkable fact, that those of the profession who use the higher attenuations are loud in their expressions on that subject, so much so that some members complain that they are continually thrusting this *obverse side* before the people.

"One instance has come to my knowledge of a homœopathic doctor teaching in a public lecture against vaccination, that small-pox could be prevented by swallowing homœopathic doses of small-pox matter. But this gentleman had been educated in a regular school, and had not practiced homœopathy long enough to learn the trick of never showing the obverse side of the coin.

"My object, however, in penning this article, was to exhibit a scrap of homœopathic literature, from the pen of Dr. Constantine Hering, the Hahnemann of America, to whom more than to any other man belongs the credit, if it be a credit, of introducing the system in this country. Dr. Hering was a German, who possessed an abundance of wealth, learning and imagination. He had imbibed the favorite idea of Hahnemann, that chronic diseases are the result of repelled itch, and that 'psorinum,' the supposed poison of itch contained in the exudation or scab, was the orthodox remedy. His experience in regard to its medicinal action will serve as a specimen of the therapeutic logic peculiar to the school. The article is copied from the North American Journal of Homeopathy for February, 1881, which is perhaps the leading journal of that school in America. To guard against all suspicion of unfairness, I give the entire article, word for word, Although many readers will find nothing new in it, others may take an interest in its perusal. The italicized portions are according to the original."

The writer then proceeds to quote from Hering, and tries to ridicule his ideas on psorinum, and Hahnemann's ideas on psora, etc. etc.

Aristotle says: "We consider whether it is not true that the word and doctrine have not the same good effect upon all, but it is requisite that the soul of the hearer should have been cultivated as the ground for the seed which it is intended to nourish." *

It requires æsthetic culture in the mind that would appreciate the fine arts.

It requires a cultivated ear to properly enjoy the delights of music. So an uncultivated medical mind that has always traveled in a circumscribed round of gross medication, can not see the philosophy of anything less than substantial doses in disease; but when the understanding has been enlightened by the knowledge derived from chemistry and physiology and the laws that govern matter, both organic and inorganic, it becomes very plain how these articles can, and do effect cures, and no intelligent, honest physician, whose mind has been enlarged, cultivated and improved by liberal study, will denounce these facts stated by the great masters of our profession.

THE KIDD QUAIN EMBROGLIO.—The Medical Counselor of last month has an editorial on the consultation of Drs. Kidd and Quain over Earl Beaconsfield.

We were also disposed to take up the cudgels for Dr. Kidd, and had partly prepared our statement on this subject, until we saw his letter to Dr. Quain, where he disclaims homeopathy and declares that he is not treating Beaconsfield on homeopathic principles, but on general principles, whatever that means.

This statement of Dr. Kidd's took the wind completely out of our sails, and we concluded to let the eclectic (that he claims himself to be) and the allopath fight their own battles.

^{*} Eth .. x-9.

Whooping Cough Cure—Corallium rub. 30th, and Cheledonium 30th. A dose every four hours alternately during the paroxysm. Let the patient inhale from a folded napkin a teaspoonful of the following mixture: ether, ninety parts; turpentine, ten parts; the child to be kept from draughts of cool air, and the room fumigated with boiling vinegar or a small quantity of sulphur placed on the hot stove or hot brick.

SOAP SUDS IN BURNS.—Dr. Likerink recommends soapsuds made of any soap on hand spread over the burned surface.

The action in relieving pain and reducing inflammation is due to the presence of the alkali, and this article possesses advantages over powdering with bi-carb. of soda. The solution of bi-carbonate of soda will answer better than the dry soda in such cases.

Onions in Phthisis.—Dr. W. H. Pearce, physician to the Plymouth (England) fublic Dispensary, recommends in strong terms the free use of onions for consumptive patients, and says: "It is a continually recurring experience with me to hear young persons express a desire for onions, which are often preferred raw, with a little salt, and I have rarely heard that the onions disagree. I concieve that it is of the greatest importance to follow nature's lead in the matter of appetite. I concieve further, that a marked passion for a special food, such as that of the phthisical for onions, puts us on a right track for further knowledge.—Medical Gasette.

COFFEE IN CALCULUS DISEASES.—Dr. Mosby says that the great use of Coffee in France, is supposed to have abated the prevalence of gravel in the French Colonies, where coffee is more used than in the English, in Turkey where it is the principal beverage, not only gout, but gravel is scarcely known.

MIND AND BODY.—The passions of the mind are powerful either for good or ill. Bad news weakens the action of the heart and lungs, destroys the appetite, affects digestion, and partially suspends all the functions of the system. An emotion of shame flushes the face, fear blanches it, joy illumines it, and an instant's thrill electrifies a million nerves. Powerful emotion has killed at a stroke. Chilo, Diagoras and Sophacles, were said to have died of joy at the Grecian games. The news of the defeat Sargrave, a young Parisian, died on killed Phillip V. learning that the musical prize for which he had competed had been awarded to another. Public speakers have died in the midst of an impassioned burst of eloquence, or when the deep emotion producing it had suddenly subsided .-Medical Gasette.

COLORED CONFECTIONERY.—The yellow is mostly made by the use of salts in lead. Seven grains of lead chromate to a pound of candy have been found. The red is usually made of cochineal and is harmless.

THE PROMISE OF THE SICK NOT BINDING.—A French court has decided, that promises made to a doctor by a sick person are not valid in law.

"The ground for this is the fact, that the sick person is no longer master of his will, and any agreement entered into, must be under the influence of either fear or necessity."

We did not think that sick men's promises would ever be made a matter of legal discussion, but we always knew that these kind of promises were repudiated by the patient on his recovery. "Oh, doctor, if you will only cure me I will pay you anything you ask," is a usual exclamation which has its complement in—"that is a damned big bill of yours doctor for the short time I was sick—I wont pay it;" and if he is not responsible, he don't. ABORTIVE TREATMENT IN SMALL Pox.—Dr. Bayer, in Bull de Therapeutic, recommends salicylic acid in this disease. His formula is as follows: Alcohol, 4 oz., salicylic acid, 15 grains, simple syrup, 5 drachms, water, 2 drachms. Take a tablespoonful every four or six hours. Under this treatment the disease is cut short, lasting but 8 or 10 days.

ALLO-ECLECTO-HOMOIO TREATMENT FOR WHOOPING COUGH.—Dr. Rowsey, of Toledo, read a paper before the Homœopathic Medical Society of Ohio, on the treatment of whooping cough, and it is published in the *Medical Investigator* (June No.) It is hard to know under what head to class the treatment, so to make sure that we would not miss in its classification, we use the shot-gun practice in its description, and unite all in one charge, as above.

The doctor says, "Assuming that pertussis is caused by an inflammatory condition of the upper part of the trachea, (so much for the pathology). I have, after fifteen years of persistent trial, discarded every remedy but the following: Tinct. Castanea; tinct. lobelia infl.; tinct. symplocarpus, a a, 1 oz. Sig. Two teaspoonsful into a goblet half full of water, mix well and give two teaspoonsful every hour, continue this treatment steadily.

"In cases of very young babies I have been compelled to lessen the dose. I have made it a point to produce

vomiting as early as possible in the paroxysm.

"I use this remedy invariably. I have met with six or seven failures during my experience with the remedy. My experience has been obtained from nearly five hundred cases (!) in this city and abroad, The average time of the treatment has been fifteen days, (we would hardly have expected them to last that long under such heroic treatment), Many infants under two years would cease coughing in ten days (we thought so).

"I have rarely been called on to continue the treatment beyond the third week (of course not). I have said nothing about diet (no use), for I do not change the daily habit * * * * * * *

"If the method proves to be somewhat novel in therapeutics of our school (which) I cannot help it. If I have wandered somewhat from the limits of the fold (stampeded away off like blazes), any sorrow that I might feel thereat, is drowned in the consolation of the successful ramble."

We can only add (by way of improvement) that if his patients could stand this treatment and the disease, both, and not die, we are ready to light another fire on the altar of vis medicatrix natura.

That castanea has a pathogenesis, like whooping cough and is an excellent remedy, in proper doses, we freely admit, but we don't see it so clearly in the lobelia or skunk cabbage.

Possibly there is a typographical error in the *Investigator*, and it should read *drachms* instead of *ounces*, we wonder at that excellent journal selecting such matter for its pages.

To analyze the treatment, it amounts to this: two teaspoonsful is two drachms of the combined tincture in half a goblet of water (four or five ounces), dose two teaspoonsful every hour, would be giving from six to eight drops of this strong tincture to infants; this is sufficiently heroic without vomiting, we should think.

DEOD. TINCT. IODINE. —This can be obtained in a few seconds, by the aid of a small piece of caustic potash added to the ordinary tincture, the result being a solution of iodoform.

CITRIC ACID FOR PALATABLE WATER.—One part of a fresh solution of this acid to 2000 parts of impure water or water containing large quantities of animalcules, causes the death of these organisms, and renders the water palatable.

SALICYLATED STARCH.—This has been recommended in eczema. It is often made by simply combining salicylic acid with starch; but this will not produce as intimate a mixture, as by adding, in portions, potatoe starch, to a large quantity of three per cent solution of salicylic acid in alcohol; the stickey mass to be pressed, dried and powdered.—Pacific Medical and Surgical Journal

IMPURE ICE AS A CAUSE OF INTESTINAL DISEASES.

That period of the year when ice (which is now used by all classes to an extent entitling it to rank as a necessity instead of, as formerly, a luxury of life) is employed in various beverages to the amount of millions of pounds, can not delay much longer, so that a few words of caution in regard to the purity of this article will be seasonable

It is popularly believed that water frees itself from dangerous organic matter, as it does from some saline contaminations, during the process of freezing, and also that the vegetable or animal germs of typhoid and other zymotic fevers are killed, or, at least, sterilized, by congealation of the water in which they exist. Both of these ideas, however, are unquestionably erroneous, as has been repeatedly proved by various experiments which ignorant hotel-keepers try, without the least intending it, upon their guests, on a scale which would make the boldest vivisector stand aghast before the suffering inflicted, even if it were only upon the brutes which form the subjects of his researches.

Such was notably the case in an epidemic of intestinal disorder which occurred at Rye Beach, N. H., a few years since, of which an excellent account was published in the report of the Massachusetts Health Board for 1876, by Dr. A. H. Nichols, who attended most of the persons suf-

fering from the malady. It appears that early in the season a mild form of gastro-intestinal disturbance made its appearance among the guests of a particular hotel at this watering-place. The symptoms were, in general, giddiness, nausea, or vomiting, diarrhœa, and severe abdominal pain, accompanied by fever, loss of appetite, and mental depression. The disorder was at first attributed to the well-water of the place, which is strongly impregnated with sulphate and carbonate of lime and magnesia, but the peculiar grouping of the patients almost exclusively among the sojourners at a single hotel, accommodating about three hundred, whilst occupants of another hotel and of neighboring cottages, to the number of about seven hundred persons, were free from illness, strongly indicated some specific local origin. The well-water was almost immediately suspected of sewerage contamination. but, on inquiry, it was found that the wells were all sunk in an elevated ridge, safely removed from drains, cesspools, and other sources of pollution. Moreover, it was also ascertained that in some cases the individuals affected, being suspicious of the water, had limited themselves to other beverages; but, as afterwards transpired, had not hesitated to use ice, either melted or otherwise. The drainage system of the establishment, which had recently been put in complete order, was found almost faultless, and the milk supply of unquestionable purity; but, on the attention of the examining physician being directed to the stock of ice used in the hotel, conclusive proof of its dangerous quality was promptly obtained. A resident of the place stated that on tasting a portion of the ice the previous winter, he had experienced nausea and distress for the remainder of the day. Two gentlemen having taken a quantity of ice with them upon an excursion, during which they drank the water formed from it, were made violently ill. Both the house in which the ice was stored and the water from the melted ice gave off a decidedly disagreeable, or even offensive odor. Finally, a visit

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to the pond from which the ice had been gathered disclosed the fact that much of its water was dark-colored, foul, and highly contaminated with filthy marsh-mud and decomposed saw-dust. Chemical analysis showed that both it and the suspected ice contained a large excess of organic and volatile impurities, including 0.04 of a grain per gallon of albuminoid ammonia. The crucial test, however, of injurious quality pertaining to this ice was afforded by its disuse in the hotel, coincident with which was noticed an abrupt amelioration of the symptoms in all who had previously been ill, and the entire absence, so far as known, of any new cases. The ice was partaken of during a period of six weeks by about five hundred persons. Of these, the majority escaped without injury; a large number suffered slight or temporary attacks of illness; and twenty-six adults manifested grave, continued, and characteristic symptoms.-Med. News and Abstract.

HARD TO KILL-ATROPIA POISONING—RE-COVERY.

In looking through the vast numbers of fatal and recovered cases of medical poisoning, we have been unable to find a parallel case with the one we now give to your readers:

Not being apprised of the peculiar poison taken, we hurried to him, the distance being about two and one-half miles, and on arriving we obtained the following history of the case: The doctor had been up and worrying all night with a very sick lady the previous night, and being a great sufferer from neuralgia, he, on awaking from a very short nap of sleep, which he chanced to get about day-break, found his old bane, neuralgia, had re-

newed its attack, and he at once thought of taking a dose of morphine which he knew was already portioned out in his vest pocket, but by mistake he got hold of a paper which contained by actual weight one grain of sulphate of atropia, which he took, then made necessary preparation for breakfast, and had nearly finished that repast when he discovered there was something wrong with him. and announced he was sick, arose and went out into the yard, and called the gentleman of the house to come to him and read the writing on the piece of paper which he held in hand. The gentlemen read out to him, "atropia." The doctor remarked, "that is it; that is what I have taken; prepare me some warm salt water as quick as you can, and send for my wife and Dr. Carothers, I will be a dead man in two hours." He then produced a free emesis with warm salt water, after a lapse of probably one hour since he took the poison, and then took a large dose of morphine before we arrived.

We found him lying on a bed with eyes glistening, pupils dilated, skin dry, hot, and as red as scarlet, mouth and throat very dry, pulse not noted, speech drawling and incoherent.

This was the first dawn upon us of the nature of the poison, and we instantly thought of the hypodermic syringe and injected thirty minims of Magendies' solution (sulphate morpia 16 grains, dist. water I ounce) into the insertion of the deltoid, and though repeated at short intervals of eight hours to the amount of something over one ounce of the solution (16 or 18 grains of morphine), yet my friend and patient had convulsions for about two hours, but was sufficiently recovered to partake of supper, only losing one meal, dinner, that day, and suffering no other inconvenience; was not overcome by the morphine sufficiently to even feel drowsy during the day, and far into the night his eyes were strangers to sleep.

We had Dr. J. W. Gilbert, of Verona, with us from 1 to 3 P. M., having wired him the condition of the patient.

and he fully agreed with us as to the line of treatment, and rejoices in our united success.

The patient drove home the next morning in a buggy, and to this day has never felt any inconvenience that he attributes to the unfortunate dose, but enjoys his wonted health. Suffice it to say, he did enjoy an immunity from his neuralgia for a brief period.

Have you or your readers, Mr. Editor, in record or of memory a parallel case: One grain of sulphate of atropia on an empty stomach for one hour, combated in the main by sixteen or eighteen grains of morphine (the case not addicted to the use of morphia either) and yet feel no

constitutional effects from the morphia? Let us hear

from you on the subject.

J. S. CAROTHERS, M. D., in the Brief.

RHUS AROMATICA.

I. J. M. Goss, A. M., M. D., Marietta, Ga., in the E. M. Fournal, has the following:

Sometime in the year 1880, Dr. J. T. McClanahan, of Boonville, Mo., sent me a package of the bark of the root of the rhus aromatica, requesting me to test its virtues in diabetes mel., and other urinary diseases. I made a saturated tincture of it by covering it in alcohol. Having no case of diabetes on hand for sometime, I used it in irritable bladder and other urinary troubles, until finally a case of diabetes mel. was presented to me. The subject was an old man, some 75 or 78 years of age, and his case of eight months' standing. I found him passing a very large quantity of urine (of a pale color) day and night, with great thirst, prostration, loss of flesh, morbid appetite, and pain in his feet and legs, like that of gout or rheumatism. I had no urinometer with me, to take the specfic gravity of the urine, but evaporated a few drops of the urine over a candle, upon a slip of thick glass, which yielded a large per cent. of syrup as the residue. This satisfied me that I had a case of diabetes mellitus, although two old physicians had pronounced the case one of diabetes insipidus. Not having any of the tincture of the rhus aromatica, I prescribed the nitrate of uranium (1st dec. tritaration) 3 grs. ter. die. I continued this remedy for one month with no apparent benefit, but taking the specific gravity of the urine, and finding it 10.30 degrees or 10.32 degrees, I now put my patient upon the rhus aromatica, one teaspoonful three times a day, with a milk diet, with some meat and hominy, the last well boiled to get out all the starch. This course was continued for three months, with regular improvement, when the patient was dismissed as cured, and still remains well. On examination of the urine, at the end of three months, I found 10.22 degrees, and of proper color. I am now treating another case of diabetes mellitus, which is improving very rapidly. I freated a case of diabetes insipidus, in which the old man passed daily a large quantity of pale urine, with the specific gravity of 10.10 degrees. He has morbid thirst and appetite, but great loss of flesh and strength. He is improving rapidly. I have used the rhus aromatica, alternated with actinomeris helianthoides, in several cases of ardor urinæ, with positive effects, and in some cases of irritable bladder, from calculous diathesis, alternated with the carbonate of lithia, with equal success. For incontinence we have no remedy equal to this one. In chronic dysentery, diarrhæa, leuchorrhœa, and gleet, it is a valuable remedy.

IODIDE OF ETHYL IN ASTHMA.

The New York Medical Journal publishes three cases of asthma treated with inhalations of iodide of ethyl, with remarkable benefit. They occurred in Dr. R. M. Lawrence's service at the Boston Dispensary. Following the cases are some remarks by Dr. Lawrence, in which

he says of the iodide of ethyl: "Its speedy absorption into the blood, its anti-spasmodic quality, and prompt reflex stimulation of the respiratory muscles, may reasonably account for its beneficial action in the asthmatic paroxysm, while its power of liquefying and detaching accumulations of mucus sufficiently explains its curative influence in chronic bronchitis. * * * Experience has confirmed my faith in its remedial worth in a large majority of cases of labored respiration (whether due to bronchial spasm or to increased mucous secretion), and also in certain obstinate cases of dyspnæa, not due to organic pulmonary or cardic lesions, where other remedies may have proved inefficient. In a small minority of cases it has failed to afford relief." He does not recommend it as a substitute for internal medication, but rather as an adjunct thereto.

NAPHALINE.—Dr. Cassidy (Med. Counselor) found this drug in the 3x trituration extremely useful in whooping cough, repeated at short intervals. It cuts short the paroxysm, and lessens their frequency in a short time. It has surpassed my expectations in a disease which has been exceedingly obstinate heretofore under any form of treatment. The indications for its use are: Excessive spasmodic cough; paroxysm lasting a long time.

The Treatment of Scabies.—As the result of experiments by M. Frissart at Saint Louis Hospital, Paris (La Presse Medicale Belge), it appears that carbolic acid may be employed with advantage in the treatment of scabies. Two patients were cured of the affection by friction twice a day with the following mixture: Crystallized carbolic acid, 3 grammes; almond oil, 300 grammes. Dr. Frissart was led to make, these experiments by noticing the disappearance of scabies in several patients, affected with it, who had been put under Lister's treatment for some surgical affections.

BAKING POWDERS IN BREAD.-When cream of tartar is saturated with bicarbonate of soda, the result, outside of the carbonic acid which the chemicals are used for generating, is a double tartrate of potassa and soda, better known as Rochelle salt, the main ingredient of the familiar seidlitz powder. This salt is certeinly harmless enough, vet it can not be healthy for any one to take several doses of it every day of his life. It is like taking a seidlitz powder every morning. The medicine may prove of great benefit on certain occasions, but it does not follow that it would do good at all times, and under all circumstances. This answers your query, which only refers to the standard baking powders made of cream tartar and bicarbonate of soda. As to those containing alum, they can not be otherwise than decidedly harmful. Some chemists are of a contrary opinion, but certain it is that England and other European governments, which are seldom hasty in sanitary matters, make the addition of alum to bread a penal offence. - S. A. W., in Druggist's Circular.

Weise on the Treatment of Diphtheria.—The author states (Berl. Klin. Wochen. No. 4), as the result of his experience of Guttmann's treatment of diphtheria by pilocarpin, that it produces an excellent and rapid effect in many cases. His own treatment, under which he has had fifty-four cases without a death, is with salicylic acid and benzoate of soda. Every hour and a half the patient inhales, or has his throat painted with, a solution of salicylic acid (one part, by weight, to fifty of glycerine and rectified spirit in equal parts), and at the same time takes benzoate of soda internally, and stimulants. The inhalation is given with an instrument constructed by Dr. Weise, consisting of a small spray-apparatus combined with a tongue depressor.

TREATMENT OF SPASMODIC ASTHMA.—Dr. R. B. Falkner, in Medical Record, says he has cured some of the worst forms of this disease, being chronic cases that had bid defiance to other known good treatment, by painting with tinct. iodine, even to blistering, over the tract of the pneumogastive nerves in the neck, commencing from the upper part of the thyroid cartilage to near the upper border of the clavicles, making a streak about half an inch wide.

BRIGHT'S DISEASE.—The idea is advanced that Bright's disease is often caused by the immoderate use of ice water. The people of this country drink more ice water than any other, and we have 75 per cent more of Bright's disease.—Albany Journal.

ACUTE DELIRIOUS MANIA.

BY C. SPENCER KINNEY, M. D.

Acute delirious mania is an intensified form of acute mania, accompanied by delirium, and terminating ordinarily in exhaustion and death.

Diagnosis of the disease is not easy, from its similarity to typho-mania and acute mania, but we have the characteristic temperature of former cases to aid in diagnosing; and we find the excitement of acute mania exaggerated to violence and complete incoherency, with only brief intervals of quiet, in acute delirious mania.

Inception of disease, like many cases of simple mania, may be sudden, but outbursts of maniacal fury are more severe, and uncontrollable by any appeal to the understanding.

Prognosis generally unfavorable, while the opposite may be considered the rule in mania.

A noteworthy feature is the remissions occurring in periods of excitement. The lucid interval may be short and only partial, The disease has been divided into two stages: First, that of excitement; second, of collapse.

During first period face of patient has peculiar expression, a mixture of incredulity and maliciousness. The eyes are bright and active, rolling and turning from natural direction.

Grinding of teeth for hours during attack, although there is no apparent pain.

Lips and teeth covered with sordes. Frequently spit a great deal, the spittle having a tenacious character.

Tongue generally coated brown, and is dry and cracked, but may be red.

Peculiarity often noticed is strong aversion to liquids, especially water. Food, in most instances, must be forcibly administered.

Skin is hot and dry, imparting a burning sensation to the touch.

Some portion of body is kept in continual motion. In one case coming under my observation the hands were kept moving in circles, alternately over head and chest.

Hallucinations of sight commonly present.

The patient may be noisy and demonstrative or quiet and muttering, or he may maintain an obstinate silence.

The sleep obtained practically amounts to nothing. If the patient begin to sleep after a week or ten days it may be considered a favorable symptom.

Temperature is high.

The stage of collapse may be brief, or may continue for several days, according to the strength of patient.

Two cases given illustate the course of the disease.

At the expiration of two months the first recovered sufficiently to be taken home.

The cause of attack in the second case, that of a farmer, was overwork and sunstroke.

To those who know but little regarding the methods often used in getting a patient to an asylum, the course pursued in this instance may be of interest. Whatever may be said of abuses carried on within the walls of asylums, the inhuman efforts of relatives and friends too frequently surpass the inquisitorial cruelties of the asylum attendant.

The day on which this patient came was exceedingly warm. On leaving home he had been excited, and had so frightened the three strong men who accompanied him that they placed him in the bottom of an express wagon, and retained him in that position by sitting on him most of the distance of forty miles over a rough country road.

An exhausted man, covered with bruises and abrasions, for whom no medical skill could avail, was presented to us for treatment. Died three days after. The postmortem revealed nothing to indicate the severity of attack, aside from general appearance of dryness of all the organs and viscera. An ounce of serum and blood escaped on opening skull. Membranes were not adherent, but gray matter of brain was of more reddlsh tinge than normal.

In the treatment of acute delirious mania, utmost care should be observed that the patient in fits of violence injure neither himself nor others. For this reason the skilled care found in an asylum is most to be desired; for the patient then has a constant attention, and, with baths, regular diet, and medicine, the chances of recovery are greatly increased.

Pathological condition of the disease is probably meningitis and limited or general arteritis.

Remedies used are acon., bapt., bell., gels., thus tox., and ver. v.-New York Medical Times.

LECTURES ON THE PATHOLOGICAL ANATOMY OF THE SKIN.

BY JAMES TYSON, M. D.

Having considered certain general pathological states of the skin at the last lecture, we will pass on to the study of a series of conditions, rather more specialized, but still of a general character, which may be included under the general term of hypertrophies.

In considering these conditions we must first recall the relation which the epidermis bears to the papillary body; that it, in fact, is derived from it. The cells of the papillæ wander out to the periphery, and form the first row of cells without the papillary body, the first layer of the rete malpighii, which recede and give place to successive layers of younger cells, until finally they become the oldest and most peripheral cells of the horny layer. It is interesting to note that the same cells which, remaining in the papilla, constitute connective tissue corpuscles, become, as soon as they pass the boundary line between the corium and epiderm, epithelial cells.

The first of the hypertrophies of the epiderm to which I call attention is the callosity. It is an overgrowth or thickening characterized by a horny hardness, and is invariably associated with pressure on a particular part. It is most marked on the hand of the laborer, and soon stamps the hand of the constant oarsman or batsman. It is a simple increase in the number of layers of the epiderm, and is the result of an increased vascularity—a hyperæmia of the papillary body. A more intense hyperæmia would result in a blister, but the moderate degree alluded to produces a moderate and gradual, but still increased supply of pabulum, and a consequent thickening of the epiderm. The horny layer thus produced differs from the normal layer only in the greater number of its strata.

The next of the hypertrophies is the corn or clavus. Here we have the same overgrowth of the horny layer of the epiderm as in the callosity, but it differs from it in the fact that, instead of growing exclusively outward, the direction of the growth of its central portion is also inward. In the callosity the older layers are pushed out by the young layers, but here the latter seem to force their way downward at the expense of the papillary body. The re-

sult of this downward growth is that the corn is not so much elevated above the surrounding skin, though such elevation is always present in a degree, as you well know.

If you make a cut through a corn you will find layer upon layer of the epidermis, with their convexities downward, and in consequence pressing the underlying and exquisitely sensitive papillary bodies, causing their atrophy. Sometimes, indeed, corns cure themselves by encroaching on the papillary bodies to such a degree as to destroy them by exciting inflammation and suppuration.

Corns are also the direct result of a hyperæmia of the papillary body, due to pressure. But here the pressure is exercised differently from what it is in the simple callosity. In the latter, it is applied to a part which is comparatively fixed and immovable; in the corn, the pressure, usually that of a boot, is exercised on a part that is movable, and it is less directly applied. In the callosity the pressure is exerted directly over the part affected.

The next of these hypertrophic states of the epiderm is the keratoma, which may be circumscribed and diffused. The circumscribed form is rare, but here are two wellmarked instances, in preparation taken from life; in the one, a horn an inch long, growing from the temple, and another over two inches in length, growing from the wrist. The diffuse form produces a peculiar fish-scale-like appearance of the skin, called ichthyosis, also well shown in

the preparation.

If we take one of these scales and make a section we will find a very interesting histological structure. It is found to be made up of a number of prisms, or columns, which on transverse section are found composed of concentric layers of the epithelial cells, arranged about a central canal, although the cellular structure is not easy of demonstration, unless the scale be treated by a solution of potash. Each one of these columns corresponds to a papule on which it rests. If we break a scale off we will find a large number of depressions in its base, each corresponding to a papule. The same process extends also into the hair follicles, without, however, involving the hair bulb. Since the process does not originate in the hair follicle, it is only an overgrowth of the epidermis which encloses the hair. Hence, the nutrition of the hair in its upper third is interfered with, and it dies.

Notwithstanding the superficial difference in the circumscribed keratoma, or horn, the mode of production is precisely similar to that of the scale. If you examine the horn you will find a vertical striation which corresponds to the columns in the scales of ichthyosis, and if you break the horn off you will find again on its base a number of depressions corresponding each to a papilla. Here, too, the process interferes with the hair follicles, but yet does not start from them; each column is an overgrown papilla.

Among these same conditions we include the peculiar distortions to which the nails in their overgrowth are subject. As a consequence of injuries the nail of the great toe often grows in the vertical direction rather than in length, and thus acquires extraordinary thickness, suggesting, indeed, a short, stubby horn, which has to be trimmed from above, and not at the end.

It must be remembered that the nail is an epidermic structure, with its deeper or malpighian layer, resting on a depression in a papillary body, which is called the matrix. The papillæ differ from those of the papillary body elsewhere, in being arranged in parallel straight, instead of curved lines, which give rise to the longitudinal striæ on the surface of the nail. The nail grows chiefly by the addition of cells from that part of the matrix which underlies its posterior extremity, the lunula. In this manner it is pushed upward and forward, sliding over the anterior portion of its bed, which contributes but slightly, if at all, to its thickness.

Now if the matrix, the cells of which are the source of the nail, is in any way injured, and substituted by cicatricial tissue, the development of the nail is irregular and uneven, and according to the degree of injury we have the varying degrees of deformity, including those which present superficial transverse markings or depressions, due to the irregularities in the rate of growth or temporary injuries to the matrix, as well as ugly, horn-like projections, which sometimes substitute the nail of the great toe after it has been crushed by a powerful force. In the latter the anterior part of the bed of the nail produces rapidly numerous layers of epithelium, one upon the other, thus raising the nail from its bed, and causing it to grow, as it were, in an upright direction.

A better defined deformity of the nail is that to which Virchow has given the name onychogryphosis, or claw-like deformity, from the Greek onych, a nail, and gryphosis crookedness. The disease is one of the entire matrix, and in it, in addition to the elevation and loosening of the front of the nail, the posterior part contributes a rapid thickened, incurve or twisted growth, of a brown or yellowish color, and horn-like consistency—the whole resulting in the deformity named.

Here, too, the nails of the toes are more frequently affected than those of the fingers, and in old persons. These conditions also result not merely from injuries, but also as the result of certain skin diseases, as psoriasis, ichthyosis, leprosy, and as the result of constitutional disease, as syphilis.

To the hypertrophies of the skin belong also the warts or verrucæ, but to a hypertrophy of the epiderm is added also a hypertrophy of the papillary body, while in the conditions heretofore considered the epidermis only played a part.

There are several varieties of warts. The common hard wart, verruca vulgaris or verruca dura, consists of a more or less circular collection of enlarged papillæ, the intervals between which are filled by large numbers of transition cells of the mucous layer of the epiderm, and the whole covered with a horny layer, but little thicker than in health. Each of the prominences of the wart corresponds

to a single papilla. They become more or less distinct from each other as the wart grows older, as the result of fissures in the horny layer, which generally extend themselves toward the bases of the papillæ, from three to twenty of which a single wart is composed. The verruca vulgaris, as the result of variations in shape, receives at times the name v. plana, v. filiformis, v. digitata.

The papilloma cutis or cauliflower excrescence of the skin is a similar growth, known in its smaller form as porrum or acrothymion. It differs from the ordinary wart, in that the constituent papillæ do not possess a common covering of horny layer, and that the papillæ are overgrown laterally as well as vertically; but there is here also dilatation and elongation of the capillaries and a rapid hyperplasia of the connective tissue in which they lie. It is, in fact, inflammatory in character, and the fissures and clefts on its surface are generally bathed in pus. Although similar in growth, which is rapid, and in its outward form, to the pointed condyloma, it is in no other way allied to it, and it is not due to venereal disease of any kind. It is a benign growth, and may occur upon any part of the body and at any time of life.

The verruca acuminata, condyloma acuminatum, or pointed condyloma, I have already said is similar to the smaller examples of papilloma cutis, both in outward shape and mode of growth. In these two there is an absence of a common horny layer to the closely set more or less solid mass of hyperplastic papillæ. Another peculiarity pointed out by Biesiadetzki is an excessive development of the mucous layer of the epiderm, which is the cause of the softness of the condyloma, as well as its red, fleshy aspect; its resemblance, in a word, to mucous membrane.

The favorite seats of the pointed condylomata are the genitals—the glans, penis and prepuce in the male, and the labia and vagina in the female: but they are also found in the neighborhood of the anus, and more rarely in that of the mouth, umbilicus, axillæ and toes. The individual

prominences are not always acuminated, as the name would indicate; they are sometimes short and clubshaped, at times distinct and dotted over a swollen mass, as in the preparation I show you, of condyloma about the anus; at others they are close set and give the appearance of the lobules of a red raspberry; or they may give rise to an appearance like granulation tissue.

They vary in size, often reaching that of a hen's egg, as in the specimen before you, or they may even become as large as a fist. Their most striking peculiarity is the disgusting fetor to which they give rise, and which is due to the decomposition of a purulent secretion by which they are constantly bathed.

The pointed condylomata are believed to be due to the irritating secretions of venereal disease, and especially to that of gonorrhea, but they are not the result of constitutional syphilis.

The condylomata lata, the flat or broad condylomata or mucous patches, come next to be considered. They are characterized by a more diffuse lateral overgrowth of the papillary body, while the connective tissue is also the chief seat of the hyperplasia rather than the epidermis, which is exceedingly thin. The resultant is a flat, rounded elevation, about a line in height and from two to five lines in width, and upon its surface the papillæ appear as rounded elevations of the second order. It is of a pale red or dirty red color, and in the folds between adjacent papillæ accumulates a cheesy, epithelial mass, whose decomposition repeats the stinking odor of the pointed condyloma already described.

Mucous patches occur in those situations in which opposing surfaces are repeatedly brought into contact, as in the nates, perineum, axillæ, beneath the mammæ in women, etc. They are one of the results of secondary syphilis, but it would seem that they are capable also of being excited by the secretion and moisture incident to opposed surfaces. Here an accumulation of cheesy epi-

thelium is apt to occur, which emits a most unpleasant odor, and sometimes, as the result of a rapid catarrhal separation of cells, suppuration is seen to occur, extending even to the subcutaneous connective tissue.

Among the broad condylomata are sometimes included certain flat, tabular, circular elevations of the papillary body, about an inch in diameter and two lines in height, first described by Beigel, under the name papilloma area-elevatum, and which consists of an ædematous hyperplasia of a group of papillary bodies over which the epidermis is but slightly altered. According to Rindfleisch these growths seem to bear some relation to irritated conditions of the central nervous system. The papillary bodies themselves are but slightly sensitive.

Finally, we have to consider the soft or fleshy wart (verruca mollis vel carnosa). These include the moles, both pigmented and unpigmented. Some are mere flat, tabular elevations, but slightly raised above the surface, while others are quite as high as the hard wart. The pigmented moles are familiar to all of you; the soft, unpigmented moles are very common on the back and face of old persons. They are also, however, congenital, when they are called mother moles, or, nævi materni.

In the soft mole the connective tissue of the papilla is the principal seat of the hyperplasia, the epithelium being little increased, or indeed, altered, except as the result of pigmentation; to a slight degree also does the growth involve the connective tissue of the corium, very rarely only the entire corium and subcutaneous tissue. The hyperplasia shows large numbers of small cells, and a small amount of soft intercellular substance, in fact, granulation tissue.

Surgery.

OVARIAN CYST.

Probably the Largest on Record—The Fluid never Removed During Life—Death from Exhaustion, Dec. 18, 1880...

BY S. B. PARSONS, M. D., ANN ARBOR, MICH.

Miss W., æt. 49. Unmarried; seamstress; nervous temperament; muscular; large frame; when in health, weight 180 pounds. Had always been in robust health, until June, 1873, when it became impaired, and she first noticed a slight swelling in the region of the right ovary.

In August or September of the same year, she called the attention of her physician, Dr. Woodruff, now of Detroit, to the "swelling." He found an ovarian tumor of some inches in diameter, and rapidly increasing. After a few weeks her health improved and the tumor entirely disappeared, and was not noticed until the following June, when, in the median line, just above the pubis, she discovered a fluctuating tumor, already of so great a size as to reach nearly to the umbilicus, when first noticed. This continued gradually to increase, but much more rapidly each month during the menstrual flow. The menses continued regular for several months, perhaps a year or more, then disappeared.

After the flow ceased the same aggravation occurred each month as before. But by far the most rapid increase in the size of the tumor occurred in June of each year.

With these aggravations, each month and year, the tumor continued steadily to increase until it reached the enormous size of eighty-two and one-half inches in circumference.

After the first two years her general health was quite good, and she suffered little inconvenience, except from the size and weight of the cyst.

She suffered very little pain, except at the time of the monthly aggravations, when she complained of a tearing, rending pain in the integuments.

Until the last few months, there was no functional disturbance of any of the organs, except of the reproductive, and of the kidneys, the latter quite severe at the time of the monthly aggravations, at other times very slight.

Though the heart and lungs were forced into the apex of the chest, into a space one-third, or less, their natural dimensions, yet the circulation remained quite good, and the respiration free. During the last six months the respiration became somewhat impaired when lying on the back or right side, but was perfectly free until the last day of life when lying on the left side, and when sitting or standing. During these last months there was great cedema of the inferior extremities, causing fissures with copious discharge of serum.

I first saw her in July, 1878, at which time she measured fifty-six inches in circumference across the most prominent part of the tumor. When I next saw her, in October of the same year, she had increased to sixty inches in circumference. After the first two years she received no treatment for the ovarian disease.

She would, at no time, consent to any operation, either, for radical or temporary relief.

Until the very last, she could, with slight assistance

change from her bed to a wheeled chair which she used, and, without any assistance, stand upon her feet supporting all the weight of the cyst.

There were present, by invitation, at the post-mortem examination: Dr. C. C. Ford, professor of anatomy and physiology, University of Michigan; Dr. E. S. Dunster, professor of obstetrics and diseases of women and children, University of Michigan; Dr. S. A. Jones, recently professor of materia medica, etc., in homœopathic department, of University of Michigan; Dr. G. A. Hendricks, assistant demonstrator of anatomy, University of Michigan; Dr. H. R. Clark, my assistant; Mr. Hall, assistant to Prof. Dunster, and Mr. Huff, student.

The examination was conducted by Dr. Hendricks and Prof. Dunster.

In shape, the tumor was nearly spherical—somewhat flattened at the umbilicus—the subject on the back—slightly uneven—the larger part occupying the left side. The superficial vessels were much enlarged, some of the veins, before death, measuring more than one-half inch in diameter; the muscles of the abdomen very much attenuated, while the skin seemed as thick or even thicker than normal; the muscles of the whole body were reduced to the utmost tenuity; the lower extremities were cedematous, fissured, and ulcerated; some superficial ulceration on the most dependent portions of the abdomen, and on the back.

When the fluid was partly withdrawn, there was discovered within the large cyst, a smaller one, containing several gallons of fluid, and after this one was reduced, several others of still smaller size, some not larger than a hen's egg. There were fourteen in all.

The fluid in the large cyst was of a dark brown color, and quite thin. That in the smaller one was of a much lighter color, and that in the smallest ones almost as light and clear as water.

The cyst was extensively adherent to the walls of the abdomen, principally anteriorly and inferiorly.

The pedicle was attached to the right ovary.

The chest was bell-shaped, with the lungs, heart, and liver crowded far up into its apex.

MEASUREMENTS OF THE CYST.

Antero-posterior diameter, twenty inches; circumference of this diameter across the most extended portion of the cyst, taken three days before death, eighty-two and one-half inches.

Transverse diameter, twenty-three and three-fourths inches; vertical diameter, from the sternum to below the pubes, twenty-five inches; circumference to this diameter, one inch anterior to the body—seventy-seven and three-fourths inches; four inches anterior to the body, seventy-seven and one-half inches.

From sternum to pubes, semi-circumference across the umbilicus, forty-four and three-fourths inches. From sternum to umbilicus, twenty-five and one-fourth inches. From umbilicus to pubes, nineteen and one-half inches.

Total amount of fluid in the cyst, twenty-two gallons and three quarts, besides the small portion necessarily lost in its removal. Sp. gr. 1039. Total weight of fluid, one hundred and ninety-nine pounds average. Weight of cyst with fluid contents removed, twenty-eight pounds average. Total weight of cyst, two hundred and twenty-seven pounds averdupoise.

EXTRACTS FROM SOME OF THE PAPERS PRE-SENTED AT THE SIXTEENTH ANNUAL SES-SION OF THE HOMEOPATHIC MEDICAL SOCIETY OF PENN., SEPT., 1880.

From the Medical Times.

Vesico-Vaginal and Recto-Vaginal Fistula.—A patient, 55 years of age, had been under various forms of treatment for eight years. The following symptoms were present: Great sadness and despondency; yellowish complexion, sunken eyes; gums, mouth, and throat sore and ulcerated, with much ptyalism burning, stitching pains. All the symptoms worse on a change to damp weather, with a suspicion of a syphilitic taint, led to the use of nitric acid 6x. An injection of equal parts of glycerine and rose water was also used. This treatment was continued for nearly eight months, and a complete healing of the fistula was the result.

W. D. Hall.

A MODIFICATION OF THE VANCE JACKET.—After getting a plaster cast of the curvature, the jacket is made by using crinoline strips, one to two inches in width and long enough to reach two-thirds around the cast, Beginning at the lower part of the back the strips are applied horizontally (with prepared glue), overlapping one-half of the strip each time. The front is done in the same way. Next apply steel rods (hoop skirt steel) perpendicularly, two inches apart and wrap with strong linen thread, covering all with a coat of glue. Then a second layer of crinoline, but applied perpendicularly, lapping as before, wrapping with thread, and covering with glue. The third layer of crinoline is put on like the first and covered thickly with glue. The jacket is allowed to dry, when it is cut down the front and removed. It is thoroughly perforated and covered inside and out with shellac, bound around the edges with chamois skin, and English walkingshoe hooks inserted for lacing. It is worn next to a close fitting undershirt. No padding is used, and when the jacket becomes soiled it can be readily cleansed with cold water and a sponge. When the jury mast is required, it is placed next, and externally, to the steel rods, thoroughly wrapped with linen thread, and the jacket finished as before.

S. C. Scott.

SARCOMA—OPERATION AND SUBSEQUENT TREATMENT.—The patient, a lady, was suffering with a tumor of the left breast. The whole gland was involved and was very hard, purple, and for quite a space seemed to adhere to the skin as if just ready to break through. Lach. 200 changed the color of the tumor, and relieved the darting and corrosive pains which she experienced. The tumor was finally amputated by Dr. J. H. McClelland, of Pittsburg. The wound was dressed with carbolized oil and the severe pain relieved by staph 200. When the wound had healed, which it did kindly, I put her upon the second decimal dilution of carbolic acid, in water, every two hours, which she has taken ever since (three years) with only one interruption. The tumor was a spindle-celled sarcoma and weighed five pounds and six ounces.

H. N. MARTIN.

GANGRÆNA.—The patient was a maiden lady, 62 years of age. The second toe appeared as a black, shrivelled eschar. Great restlessness, pain, heat, swelling, redness, burning, and tingling in all the toes of the affected foot, and also cramps in the calf of the leg. Secale cor. was prescribed, and bread and milk, with crude pulverized charcoal, applied externally. There was no improvement followed this treatment, but rather a tendency of the disease to spread upwards, with tearing, burning pain relieved by motion. Arsen. alb. 30 was given, and two days afterwards a well-defined line of demarcation was established. One week later the dead tissue was removed and the patient was soon restored to health. Six months later she noticed a dark bluish spot on the extremity of the

great toe of the same foot, The cuticle was detached and the skin under it of a dark red color. She felt uneasiness through the foot and ankle joint, particularly at night: tearing pains, heat, redness, and swelling supervened. Arsen. alb. 30 was given and the same poultice applied. Improvement began immediately, and the line of separation could be traced. A few days later the gangrenous portions of the toe (nearly one-half of the member) was amputated and recovery was prompt.

In a case of compound, comminuted fracture of the femur, involving the knee-joint, where acute, humid gangrene ensued, with a tendency to spread upwards, and accompanied with marked constitutional symptoms, Arsen. alb. 30 arrested the mortification. After the amputation of the thigh, gangrene occurred in the stump, when arsenicum again arrested the mortification and counteracted the typhoid symptoms.

J. J. Detwiller.

Eserin in Glaucoma.—Case I.—Patient had suffered from neuralgia foryears, but within the last six months, after an unusually severe attack of headache, she noticed that her vision was blurred. Objective symptoms: The left eye would follow the light of a candle, but could not define the shape of the blaze. The field was rather contracted; pericorneal injection; iris widely dilated and immobile; shallow anterior chamber; T x 2; cornea sensitive; fundus not visible. The right eye was apparently normal. A broad iridectomy upwards was performed and the usual after-treatment pursued, which was followed by entire relief of all pain after the second day. Two weeks later there was still a moderate ciliary injection, an appreciable increase of tension, and no variation in the vision.

A drop of a four grain solution of eserin sulph. was instilled every six hours for three days, and a drop night and morning for three weeks longer. At this time vision stood 20-100, and she could read Jæger No. 4, with some

increase in strength of her former glasses. The drug was discontinued on account of a slight headache with conjunctival irritation. Eight months later, there had been no return of the neuralgia and the vision remained the same.

Case II .- Patient, aged 48 years, suffered from neuralgia, headache, pain in the eyes, and defective vision of the left eye. Objective: The glare of a lighted candle could be barely detected in the center of the field of vision of the right eye. T x 2; mild ciliary injection; dilated pupil; insensitive, slightly steamy cornea; cloudy vitreous; fundus not visible. With the left eye she read Jæger, No. 17, at eight inches with difficulty. T x 1; ciliary injection; clear and sensitive cornea; vitreous somewhat cloudy, but sufficiently clear to permit a view of the disc, which showed the characteristic excavation. An iridectomy on each eye relieved the pain. Instillation of eserin was immediately begun, and at the end of ten days an examination of the vision showed for the right eye a marked improvement; for the left, no change, although the media seemed somewhat clearer. A continuation in the use of the eserin produced an improvement in the left eye, which was still continuing at the last report.

Case III.—This patient was attacked two months ago with severe pain in his left eye, with great redness of the ball, but no discharge except of tears. Record: Vision perfectly blank, even for bright light; general coarse injection of the conjunctiva; marked pericorneal redness; T x 2; he bears the touch of the fingers on the cornea without flinching; the pupil is dilated and without motion; the lens is clear; the fundus is not visible. Instillation of eserin, four grains to the ounce, was ordered, but reduced to one-half strength on the second day, on account of severe headache. At the end of a week an examination showed a slight appreciation of light; a blurred view of the fundus, and less injection of the ball, both ciliary and otherwise. The patient is still under treatment.

C. M. THOMAS.

SHORT PAPER ON SYPHILIS.

BY CHARLES W. DULLES, N. D.

Primary Manifestations—The Initial Lesion (Chancre) and near Lymphatic Involvement.—The nature of syphilis is, fortunately, not so obscure as its origin; although in different ages different views have been entertained in regard to it, and even now there is not an entirely unanimous agreement among the men who have devoted the most time and attention to its study.

At present there are two views, one called the theory of "unicism," the other that of "dualism." According to the theory of unicism, all venereal ulcerations, whether what Hunter called hard chancres or what he called soft chancres, are syphilitic. Unicists claim the poison to be identical in both classes. The fact that the former are invariably followed by remote manifestations of syphilis, and the latter never, they explain on the hypothesis that the difference is due to the different soil into which an identical seed falls. According to the theory of dualism, there is no syphilis but syphilis. Its initial lesion usually has certain characteristics, while sometimes these are masked by accidental influences, so that the real chancre may present every physical phenomenon of a simple local ulcer, which, however, it is not. Such modified and typical lesions have given rise to the erroneous impression that the simple venereal ulcer (chancroid), may be derived from a syphilitic, and in turn, communicate this disease to others The crucial test, it is claimed by dualists, is that no lesion which proved to be the starting point of true syphilis was ever derived from an individual who did not then or soon after have what are known as remote manifestations of the disease; and, conversely, that no person unaffected with what is sometimes tautologically called constitutional syphilis, ever communicated this disease to another. Thousands of confrontations, in which the giver and receiver of syphilis have been brought together, prove that when the second has syphilis, so has the first.

The controversy over these two theories has been long and sometimes bitter. Any one who has the desire and the opportunity may follow it through the medical literature of the most of this century. The issue has been that, with a few exceptions, the most eminent syphilographers are dualists. There are still some distinguished adherents of the unicist theory, but they are not numerous and the number is steadily decreasing.

This being, then, the generally accepted theory, that syphilis is distinct from all other venereal diseases, in that it is constitutional—not purely local—we dismiss the chancroid from our present consideration, except as it may be incidentally necessary to compare or contrast its appearance with that which is sometimes presented by the true chancre, the initial lesion of syphilis.

Syphilis, except when hereditary, is communicated from an individual already affected to one as yet unaffected, by means of the inoculation of a specific poison or virus. This virus has never been isolated. From time to time believers in the germ theory of disease have discussed what they thought to be the fungus that causes syphilis. Every such description has been proved to be erroneous, and no more is now known as to the physical, chemical, and vital characteristics of the syphilitic poison than was known four hundred years ago. Still, it is universally believed that there is such a poison, which must effect an entrance into the body in order to exert its influence. In whatever place and in whatever way it is inoculated, it starts the disease to which it owes its birth.

The first evidence of this disease is usually indistinguishable for some days after the inoculation has taken place. After a week or two, or even more, there appears a little spot, like a mosquito bite, which is not painful or likely to attract attention, unless, from its own nature, or by reason of accidental influences, it becomes ulcerated. If this do not take place, we have the simplest, most perfect initial lesion. If it does, then we usually find a shal-

low, sloping, rather excoriated than ulcerated surface, covered with a scanty, clear, viscid secretion. This is the so-called primary syphilitic ulcer.

But, as the simplest lesion imaginable may become irritated and inflamed under the influence of accidental circumstances, and take on an appearance of unnatural virulence, so may the initial lesion of syphilis, so does the initial lesion of syphilis, if subjected to the influence of any mechanical, chemical or physiological irritant, become distorted by an angry inflammation, which may mask all its simple characteristics.

If we examine a secretion of a typical initial lesion of syphilis (chancre) under the microscope, we find that there is present an infiltration of small, round cells into the perivascular spaces and lymphatic meshes of the papillæ of the skin. It is this infiltration which causes the induration usually found in the true chancre. Induration is a very characteristic sign of such a lesion, and one of great diagnostic value. Yet, it is not infallible, when present; nor is its absence conclusive against the notion of syphilis. For accidental influences sometimes cause rapid ulceration of an initial lesion of syphilis, as a consequence of which the infiltrated portion is broken down and cast off, after which one might search in vain for the sign of induration, or attempt to predicate a prognosis upon its absence. It would be as reasonable to hunt for the sign of a tavern that had been burned down, and to deny that it was a tavern if that could not be found. In such cases no physical signs of the chancre might be demonstrable; but the sequel would be sure to correct any error of diagnosis dependent upon the lack of them.

Let it be always borne in mind, that any lesion that is the starting point of syphilis, is an initial lesion of syphilis—a chancre; and that nothing else ever is. Any definitions or tests depending solely upon the physical appearances of the lesion may lead to grave errors. When all the signs of a chancre are present, it is safe to say there is a chancre; but, it is by no means safe—it is in the highest degree hazardous—to say there is no chancre, because any or all of the physical signs are absent.

After the appearance of the initial lesion of syphilis, there occurs often, though not always, an inflammation of the lymphatic ducts leading to the nearest cluster of glands. This condition is most frequently found on the dorsum of the penis, where it is easily detected and presents an unmistakable sensation to the examining touch. At about the same time that this occurs, the nearest cluster of glands is involved, becoming slightly swollen and harder than is normal. They are not made more sensitive, and they so rarely undergo active inflammation and suppuration, that the suppurating bubo was once taken to be a proof of the non-syphilitic character of the primary lesion. This was a mistake which no one should now make, for almost every syphilographer has seen suppurating buboes follow true chancres. I have myself seen them in the axilla, after non-venereal inoculation with syphilitic virus upon the forearm, which was followed by the whole train of other symptoms of syphilis.

The lesions we have just considered—the initial lesion and the involvement of the nearest lymphatic ducts and glands—belong to what is called the primary stage of syphilis. They are sometimes classed together as "primary syphilis;" but this is a loose and inexact expression, which ought never to be used. For syphilis is a unit; there is but one syphilis, which is continuous and indivisible. There are primary, secondary and tertiary manifestations, which usually appear at certain well-marked intervals, but they are only varying symptoms of a disease that knows no intermissions.

The chronological division was first suggested by John Hunter, and subsequent experience has modified but little the views he entertained. The order of appearance of the manifestations of syphilis is usually pretty well marked by stages, to which the names Hunter used may be applied.

Yet, it must never be forgotten that this, like so many other statements that may be made in regard to diseases, is usual, but not invariable. For the lesions of syphilis, which ordinarily do not come on until months have elapsed, may follow close upon the heels of the earliest, or, indeed, be found at the same time that they are.

With this fact ever in mind, there is no danger of error in using the term "primary manifestations" to indicate the lesions we have just considered, as distinguished from those which shall later engage our attention, under the denomination of "secondary" and "tertiary."—The

American Specialist.

TO DESTROY THE ODOR OF FOUL BREATH— THE SMELL OF THE AXILLA AND THE FETOR OF THE SMELL OF THE FEET.

R Potass. permanganat.....gr. vj.
Aquæ.....oz vj.

Sig.—Apply frequently.

It is a fact too little appreciated by physicians that success in practice often depends more on attending to some such trivial affections as the above than on the successful management of a complicated medical or surgical case.

PRURITUS VULVÆ.

R	Sodii hyposulphitisz iv
	Glyceriniz ij
	Aquæ destilatz vj
1	M. Sig.—As lotion.

Obstetrics.

RETENTION OF PLACENTA AND POST-PARTUM HEMORRHAGE.

BY C. SCHUMACHER, M. D., NORWALK, OHIO.

On Feb. 27, at I o'clock p. m., I was called to Mrs. E., who is forty-three years old, and who had half an hour previous given birth to her tenth child. She was suffering from post-partum hemorrhage and undelivered placenta, caused by atonia uteri. I found uterine pains very teeble, face and extremities cold with clammy sweat, pulse weak and rapid. After secale c. 3d, slight contracting pains of os uteri were noticed, hemorrhage checked, but placenta remained. Secale c. and puls. not having any more effect, the woman vomiting continually, being faint and growing weaker, at 5 o'clock p. m. counsel was held, and erigeron and baptisia prescribed. At 3 a. m. she was in the same condition: bellad. 3d every fifteen minutes, which soon dilated the os uteri, contracted the fundus, and at 4 a. m. the placenta was in pieces, but wholly delivered, and convalescence took place rapidly.

"SPONTANEOUS VERSION AND EVOLUTION OF THE FŒTUS IN SHOULDER AND ARM PRE-SENTATION, AND THE MANAGEMENT OF SUCH CASES WITHOUT SACRIFICING THE CHILD."

READ BY ISAAC E. TAYLOR, M. D.

The burden of the paper, which Dr. Taylor stated he had previously read before the Section on Obstetrics, November, 1880, was a narration of numerous cases, some recorded by other observers, others that had come under the author's own care, which tended to prove the genuineness of spontaneous version and evolution in shoulder and arm presentations, the method by which this process, was accomplished, namely, by retraction and recession. The method of treatment laid down to avoid sacrificing the child was by cross-section of the perineum.

Dr. Taylor gave a complete exposition of the views of Denman and Douglass as bearing on the theme discussed in his paper, and substantiated his theory by quoting the opinions of Velpeau, Cazeaux, Playfair, Barnes, and other

distinguished obstetricians.

An animated discussion followed the reading of the paper, in which the president (Dr. Barker), Dr. Arnold, Dr. Polk, Dr. Munde, Dr. Gillette, and Dr. Lusk took part.

Dr. Barker spoke as follows: I find the older I get the more often is the truth of the scriptural saying, "that out of the mouths of babes and sucklings comes wisdom," proven. I have gained many most valuable hints in obstetrical practice from the younger practitioners. In the first place we have certain natural processes dependent on vital physiological and mechanical principles. Again we must consider the influence of anæsthetics in modifying vital and physiological phenomena. In regard to the process by which evolution takes place in the cases under consideration, I can understand recession, but not the term retraction as applied to this process.

Dr. Arnold said, I have had two cases of spontaneous version, both occurring in the same patient, one in second labor, the membranes ruptured and the left arm presented. I could just reach to the shoulder on one side, the os well dilated, and on the other side the cord was down and I could reach to the umbilicus, pains every three minutes. I waited an hour, when I found I could reach the neck; by 2 o'clock the head was in position, and at 4:30 the head presented naturally, the arm receding as evolution was accomplished. The second case was in the fourth labor of this same woman. The membranes ruptured at 8 o'clock in the evening, the right arm presented. In twenty-five minutes I could reach the head, which gradually got into position, the arm receding; and about 2 o'clock the child was born, head presenting naturally. I was puzzled to know the processes in these cases; it occurred to me that where the arm presents that the legs might be extended, the head on one side, lateral pressure would then lift the abdomen, and the head would be forced down. There were certainly cases of spontaneous version. Dr. Polk said, in explaining spontaneous version, Dr. Taylor used the term retraction; now it seems to me in regard to the one-sided contraction of the uterus, if we assume that the contractions begin at the fundus, of course the force transmitted is upon the breach, through the spine to the head, and the tendency is to make room for the head upwards. If contractions begin at the cervix we may use the same explanation; this idea has simply presented itself to me as an explanation of the phenomena.

In regard to making lateral section of the perineum so as not to sacrifice the child, I believe it advisable in these cases, if the child is alive, but if dead, I think the arm can be removed with benefit.

Dr. Munde said: The difference between version and evolution is very clear, though the terms are mixed in the books, spontaneous evolution is version, evolution and expulsion. The term retraction and the idea expressed by it in these cases is, to me, hard to believe. It seems to

me that in spontaneous evolution it is simply a matter of displacement; it is recession, not retraction. As regards treatment I think Dr. Taylor's views of especial value since a large proportion of children presenting thus are alive, therefore section of the perineum is advisable, still I think this should be done only where the orifice is small as in primiparæ. If the child is dead it is useless to mutilate the mother.

Dr. Gillette spoke as follows: I think there is no question but there is such a thing as spontaneous version and also expulsion, but I think spontaneous expulsion very rare; it may occur where the child is small and the orifice large, or where the child is dead. I have seen but one case of spontaneous expulsion. I can not understand how retraction occurs, except Dr. Taylor means by retraction, retrocession.

In regard to treatment, I think mutilation and evisceration are old stories, and are not repeated often at the present day on account of anæsthetics, by the use of which, carried to the surgical point, I have always been able to turn. Still, I don't presume to state my experience as forming a rule, but I do say that the question of shoulder presentations is solved by anæsthesia. I do not think we are justified in waiting in these cases.

Dr. Lusk said that there were so many important points suggested by the paper read it was hard to discuss it with brevity.

The child is acted upon by all the fluid contents of the uterus; the uterus not only contracts, but it retracts; as the lower segment is distended the child's head is forced down. When retraction is complete contraction ceases. This retraction is of very great importance in connection with the subject before us. Pressure is brought to bear directly upon the breach, and the child's movements are easily explained by pressure in this direction. I believe, with Dr. Gillette, that version can be done by the use of anæsthetics. If the child is dead we may decapitate. I also believe in section of the perineum in these cases.

The discussion was closed by Dr. Taylor, after which the society adjourned.—Proceeding of the New York Academy.

UTERO-VAGINAL INJECTIONS.

Dr. W. J. Smyly read a paper on this subject before the Obstetrical Society of Dublin. Utero-vaginal injection in childbed was a practice of great antiquity, but had of late years been practiced to an extent far exceeding that of former times. The cause of this he considered to be twofold: First, the more general adoption of the dictum of Semmelweis, "that puerperal fever was, without any exception, a fever of absorption, arising from the absorption of decomposed animal organic matter," which led to a belief in the identity of that fever with ichorhæmia, septicæmia, and pyæmia; and, second, the wonderful power of so-called Listerism in preventing the disease in the field of general surgery, which leads to a desire for the employment of similar antiseptic precautions in childbed. Dr. Smyly then proceeded to show that the use of the uterovaginal douche in childbed, though apparently rational, and easy of accomplishment, was, nevertheless, one not unattended with considerable risk-either (1) from the irritation it might produce, owing to the high state of nervous excitability at the time of parturition, resulting in fits of hystero-epileptiform convulsions ending even in death, as in some cases quoted; or (2) from the displacement of uterine thrombi, causing hemorrhage; or (3) from overdistension of the uterus giving rise to inflammation, or possibly to the escape of into the abdominal cavity through the fallopian tubes; or (4) by the entrance of air into the uterine sinuses, as suggested by the younger Legallois in 1829. Dr. McClintock had explained the mechanism by which the entrance of air into the veins in such cases took place. The veins of the gravid uterus were remarkable

for their extraordinary size, their freedom of inosculation, their total freedom from valves, and their termination on the internal surface of the uterus, at the site of the placcenta, by large open orifices. The same condition of the organ which caused flooding was exactly that which was indispensable for the ingress of air; so that the latter, when it did take place, was almost of necessity preceded or accompanied by hemorrhage. That he considered a most important point, and one which had been observed in almost all cases where air or other fluid had entered the circulation. The usual symptoms of such an accident having occurred were: A gurgling sound; escape of blood from the genitals; sudden sense of oppression and breathlessness, collapse, and asphysia. The following case came under Dr. Smyly's observation in the Rotunda Hospital, in 1879: M. M., aged 35, was delivered of her first child in the hospital; the labor was natural, with the exception of laceration of the perineum, down to, but not through, the sphincter ani. All went well until the third day, when the lochia being offensive and the perinæal wound unhealthy, she was ordered to have the vagina syringed with a solution of Condy's fluid, which was done by means of a Higginson's syrynge, in the ordinary way. Suddenly the woman became collapsed, respiration ceased, the pulse at the wrist became indistinguishable, and the cardiac impulse, which could faintly be felt for some time, soon ceased. The surface presented a mottled marble-like appearance, from over-distension of the superficial veins; and, in spite of all the efforts to restore vitality, the woman died within twenty minutes of the accident. The post mortem examination showed a quantity of frothy blood in the heart; and, when the knife was thrust into the distended iliac veins, air escaped with an audible whiff. The dangers following the injection of carbolic lotion into the womb were not mainly due to the poisonous nature of carbolic acid, but, as shown by Dr. Fritsch, were really to be ascribed to the action of heterogeneous fluid upon the nervous centres; as the transfusion of lamb's blood, and the injection of salicylic acid lotion, were followed by a similar series of symptoms. There was yet another danger attending the use of the vaginal douche in childbed-viz.: The possibility of communicating thereby the very disease it was intended to prevent, either by direct infection from septic instruments, or by the admission of air into the womb-a circumstance which must be looked upon as somewhat analogous to making a simple fracture into a compound one. He, therefore, deprecated the use of vaginal injections as a routine practice to be employed in every case; but admitted that in a certain number of cases, especially those in which there was already gangrene, decomposition, or the formation of gas going on in the uterus, it was most desirable. When injections were resorted to it was most advisable that the method employed should be simple, and, at the same time, such as to reduce the risks to a minimum; for which qualities he recommended the common irrigator, with metalic tube and stop-cock, and condemned all pumping contrivances, such as Higginson's syringe, as its gum-elastic tube soon became soft, and readily cracked-thus rendering the absorption of septic matter most probable. It was also very liable to pump in air along with the fluid, and the stream being sent in jets was more dangerous than the even flow from an irrigator. In conclusion, Dr. Smyly wished to ask the opinion of the Society on three questions: I. Are injections advisable in all cases; and, if not, what are the indications for using them? 2. Should they be continuous or intermittent; and, if the latter, at what intervals should they be repeated? 3. What is the best method of carrying out the process?-British Medical Journal.

OBSTINATE VOMITING IN PREGNANCY.

In reply to Drs. Alexander, Price, and others, on the treatment of vomiting in pregnancy, I would respectfully call their attention to Dr. Copeman's theory of the cause in these cases, in an article from him in the British Medical Fournal of Obstetrics, (transactions, vol. XIII), supported by facts and observations, that obstinate vomiting, and, indeed, ordinary vomiting in pregnancy, are due to a flexed condition of the uterus, the compression of the tissues of the uterus, at the seat of the flexion constituting the irritation which gives rise to the vomiting. M. Tannier, acting upon the principle advanced by Copeman, reports a case (Fournal de Medicend de Chirugio), in which a "multipara in the third month of pregnancy with serious and unmanageable vomitings were arrested by the simple application of a plug of wadding to the vagina." The London Medical Journal (Aug. 28, '75), commenting upon the above, adds: "The plug and dilatation of the neck are two mechanical methods which are very rational. The plug prevents the shaking about of the womb; the dilatation of the neck detaches the membranes over a certain space and prevents the twitchings or distention of the internal orifice." Prof. Bemiss, in the New Orleans Medical Journal (July, 1875), states: "I have had occasion several times in the first months of pregnancy to elevate the body of the uterus with the view of arresting vomiting. In some instances the result has been so satisfactory that I intend to investigate the matter more thoroughly," and recommends the block-tin ring pessary, or, where this can not be obtained, the ordinary pessary (Hodge's) for retroversion. About a year ago, I had a very aggravating case of vomiting to contend with, and after exhausting all the remedies in my command, pepsine, ingluvin, bismuth, assafætida, oxalate of cerium, etc., with no good results, as a dernier resort I tried the plug,-in twelve hours all symptoms of vomiting had passed. Now, if flexure of the uterus be the true physiological cause, and dilatation of

the os gives relief, "removing the cramped condition of the uterus," all our remedies as above, singly or combined, are worse than useless, giving neither relief to our patient nor satisfaction to the physician.

Belleville, La. H. NEESON, M. D., in the Brief.

MATERNAL IMPRESSIONS.

In the May number of the Brief Dr. W. A. Ligon asks, "At what stage of gestation does the embryo or fœtus seem to be most susceptible to the influence of strange sights?" Permit me to ask him what peculiar connection he conceives to exist between mother and fœtus, which warrants the idea that maternal influence-impressions, ever operate, or can operate upon the physical formation of the fœtus? In view of the fact that no nervous connection exists between mother and fœtus, and that there is not even a direct blood communication between them. it is strange that any reasonable physician can yet entertain the notion that the mother's mind has an influence in causing pathological conditions which are known as marks and malformations. All these malformations resolve themselves as arrests of development, caused by placental adhesions, intra-uterine diseases, excessive or incomplete evolution, and many other pathological conditions. Even in Dr. Ligon's own case, the arrested development of the entire structure of the maxillary process caused the complicated hair-lip. In conclusion, permit me to ask him and all others who believe in maternal impressions, how it comes that horrible sights which make the strongest impression upon the mother, even to syncope, convulsions, and temporary aberration of mind, have no influence upon the fœtus she bears? It is certainly a lucky thing for the fætus that its development is not left to these maternal impressions, otherwise we would have an almost general abnormally formed "humanity."

C. H. WAGNER, in the Brief.

Editorial.

The interest a journal creates, depends much less upon its editors than it does upon its contributors. Physicians want practical facts, briefly stated, which are applicable to every day bed-side practice. In order to meet this reasonable expectation as fully as may be, we cordially request our readers everywhere, to send us items, reports of cases, confirmed symptoms, provings, society proceedings, personals, etc. If you have an interesting case to report, don't wait until you forget all about it, but sit down and write it out in a compact form, and send it on. If you have not the time to write in full, send on the facts, and we will put them in proper shape for publication. If you have a new instrument, or a discovery in materia medica or therapeutics you wish to bring efore your medical brethren, sit down, write the facts and forward them to us.

COLLEGE BUILDINGS AND LIBRARIES.

When the Germans set about founding a university they first gather a great collection of good books. These, with a corps of eminent teachers, constitute the university, though the school may occupy buildings for lectures and instruction of only the meanest quality.

In America, on the other hand, a good library is commonly the last desideratum sought by the founders of colleges. Our colleges have no libraries worth mentioning. The educating value of good libraries in connection with a medical college can scarcely be over-estimated. The presence of a large collection of books in a college helps powerfully to create there an intellectual atmosphere, so important in medical education, and one which justly offers a chief attraction. The ready access by students to the treasures of a good library is a great aid to the instructor in any department of knowledge, but especially so in medicine. In fact, the better methods of instruction now prevailing are impracticable without this constant aid of many books.

A good library is a good advertisement for any school. Such a school will naturally be reputed to be more thorough in its methods of instruction, and broader in the spirit of the culture imparted to its students than one whose library shelves are conspicuous for their emptiness. The distinguished Prof. Fisher, of Yale, is reported to have said to an officer in a young Western college: "If I were to found a college in the West, I would make it a first-point to create a good library. This would attract public notice. This would tend to create the right atmosphere about the young school."

Let us have no more preposterous promises and twaddle about fine buildings, but give us a college endowed with a good library and an able faculty. Such an institution will always have students, and find ample accommodations for them in the way of buildings. The homeopathic college that is first to act on the suggestions of this article will be the one to win.

W. C. R.

THE PRESIDENT.

Our readers are doubtless kept well posted through the daily papers as to the condition of the president, from day to day, and all are doubtless familiar with the surgical history of the case, from the date on which Guiteau, the would-be assassin, fired the shot that, from present indications, will, indirectly, in all probability, result in death.

While we have no sympathy with the reckless tramp who lodged the bullet in the body of President Garfield, and are anxious to see the full penalty of the law meted out to him, we insist there are others as much or more to blame for the fatal result, if fatal it proves, as Guiteau. The whole management of the case by the physicians, from the first, seems to have been aimed chiefly to advertise the attending and consulting surgeons—the patient's welfare being a secondary consideration.

We have not the time or space in this issue to go into and show up all the blunders perpetrated, but will content ourselves with a few remarks on the medical treatment alone, leaving the surgical management proper for another issue.

We have watched the bulletins and other sources of information closely, and find that when the case is summed up, as the lawyers say, it consists of the latest and most approved scientific (?) allopathic treatment of the day, viz: Morphine, quinine, and whisky!

First, he had pain and must have morphine; then he was weak and must have quinine and whisky, and they have given him these remedies in every conceivable way; first by mouth, until the stomach rebelled; then hypodermically, and by enemata. Sometimes, pure and simple, at others mixed with his nutriment, but always and nvariably have these three powerful destroyers of human life been administered when occasion presented to give anything.

We defy the world to produce a man strong enough to withstand seven weeks of morphine, quinine, and whisky. It would destroy the stomach and nerves of the most hardy. Is it any wonder, then, that we are informed the end is approaching; that the poor sufferer can no longer retain anything on his stomach; that his nervous system is completely shattered and broken down, and that he has spells of delirium? The greatest wonder, to those who know anything of the action of these three remedies, is not that he is so bad, but that he has survived so long.

If he dies it will be a grave and important judicial question to decide whether Guiteau or the doctors killed the President, and if Guiteau has good lawyers, it will be an easy matter to show that the medical treatment was quite as dangerous and fatal as the bullet.

W. C. R.

QUACKERY.

THE National Eclectic Society has met, resoluted, and have retired. One of the resolutions was in regard to indorsing an eclectic (or botanic) medical college, at Atlanta, Ga., and one at Indianapolis, Ind. We did not learn what the trouble was against the Atlanta college that it should be put on probation, but the difficulty in the Indianapolis concern was too much Kendrick in its faculty.

When a college has as one of its faculty and officers, a man engaged in the sale of patent nostrums and other arrant quackery, no respectable medical association should recognize it.

The following is the Globe-Democrat's report of the proceedings:

"Minutes of the committee meetings were read. From these it appeared that Dr. Kendrick, a professor in the college, was the proprietor of a "Sovereign Remedy for Diseased Liver."

"Dr. Duff, of Chicago, delivered a very eloquent speech leveled at the "dean of a college who peddles patent medicines."

"Dr. Boots displayed two bottles, large and small, of the much-talked-of medicine. He made another passionate appeal for his college.

"Dr. Kendrick explained his connection with the liver medicine. It was one he had invented for his own case, was not patented, and its formula he would give to any of the assembled physicians.

"Dr. Russell, of Ohio, explained the action of the committee, done "in charity to all, with malice to none," and exhibited a bottle of the liver cure with its inventor's name and likeness upon it.

"After Dr. J. A. Reid, of Davenport, Iowa, had ap-

pealed in behalf of the two colleges, the previous question was put, and Dr. Gunn's motion prevailed, that the two colleges be admitted on probation for one year, to have no vote until after the report of the committee on credentials at the next convention."

There are several other evidences of quackery that, had the society known, they would not have received the college even on probation while Kendrick was connected with it.

Some years ago this same Kendrick issued hand-bills, and circulated them all over the state, that we criticised, in a journal we then published, as follows:

"We have just been shown a hand-bill that is being circulated in the city, on which we find in display lines, the following, viz:

"THE INSTITUTE OF MERCY.

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"THE BLIND SEE! THE DEAF HEAR! THE LAME WALK!"

"And we might add, to the poor, the gospel is preached by Dr. Kendrick and Dr. ——, a spiritualist.

"These modest fellows claim that they are 'controlled by mysterious influences, founded on inspiration.'

"The senior member of this 'inspired' firm is a sort of Methodist preacher, and an eclectic physician.

"There is a great deal of elasticity in Eclecticism and Spiritualism, but if these sects can stand this base attempt at inspired humbuggery and extortion without putting the seal of their condemnation on such conduct, we will consider them very delinquent in duty. It is due to our eclectic brethren that they promptly disown a member of their profession who thus violates, not only the obligations of a physician, but the dictates of common honesty." J. T. B.

Book Notices.

A PRACTICAL TREATISE ON IMPOTENCE, STERILITY, AND ALLIED DISORDERS OF THE MALE SEXUAL ORGANS. By Samuel W. Gross, A. M., M. D., Lecturer on Venereal and Genito-Urinary Diseases, in Jefferson Medical Col-

lege, of Philadelphia, Pa. 175 pp., 8vo.

This work is a valuable addition to the literature of the profession. The author handles these subjects in a masterly manner. We have derived considerable information from reading this work, and would advise every physician to purchase it. It is published by Henry Lee's Sons, Philadelphia, Pa.

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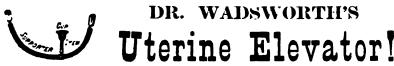
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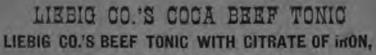
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